

Harrogate and District NHS
Foundation Trust

Quality Account

2024-25

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PART ONE

Introduction



The Quality Account is an annual report, which reviews our performance and progress against the quality of services we provided.

In the document you will find a review of 2024-25. It also sets out our key quality and safety improvement priorities for 2025-26.

It demonstrates our commitment to continue improving our services and provide high quality, safe and effective care to our patients, their carers and their families.

This means that it is essential that we focus on the right quality and safety priorities for the forthcoming year.

Welcome to the 2024-25 HDFT Quality Account

Thank you for your interest in reading our 2024-25 Quality Account.

At HDFT we have worked incredibly hard during 2024-25 to review, renew and reinvigorate the work we do with regards to Quality and Safety.

Comments from our stakeholders on the content of the Quality Account are included in full in the Annex of this report.

We welcome involvement and engagement from all colleagues and stakeholders because their comments help us acknowledge our achievements and identify further improvements to be made.

I can confirm that the Board of Directors has reviewed the 2024-25 Quality Account and can confirm that to the best of my knowledge, the information contained within this report is an accurate and fair account of our performance.

We hope that you enjoy reading this year's Quality Account.



Jonathan Coulter
Chief Executive of HDFT

What is a Quality Account?

The Quality Account is an annual report published for the public from providers of NHS healthcare about the quality of the services it provides. The report provides details on progress and achievements against the Trust's quality and safety priorities from the previous year and what the Trust will focus on in the next year.

What should a Quality Account look like?

Some parts of the Quality Account are mandatory and are set out in regulations (NHS Quality Account Regulations 2010 and Department of Health – Quality Account Toolkit).

The Quality Account must include:

Part 1: Introduction

A statement from the Board of the organisation, summarising the quality of NHS Services provided.

Part 2: Looking Back

Looking back at the previous year's performance.

A series of statements from the Board for which the format and information required is prescribed and set out in the regulations and toolkit.

Part 3: Looking Forward

A review of the quality of services in the organisation for the coming financial year. This is presented under three domains: Patient Safety, Clinical Standards and Patient Experience.

What does it mean for Harrogate and District NHS Foundation Trust (HDFT)?

The Quality Account allows NHS healthcare organisations to demonstrate their commitment to continuous, evidence-based quality improvement and to explain their progress against agreed quality and safety priorities, how the organisation performed in other quality areas e.g. service delivery and to inform the public of its future quality plans and priorities.

What does it mean for patients, members of the public and stakeholders?

By putting information about the quality of services into the public domain, NHS Healthcare Organisations are offering their approach to quality for scrutiny, debate and reflection. The Quality Account should assure the Trust's patients, members of the public and its stakeholders that, as an NHS organisation, it is scrutinising each and every one of its services, providing particular focus on those areas that require the most attention.

How will the Quality Account be published?

The Quality Account is published electronically on the NHS Choices website and we will also make them available on our own website: www.hdft.nhs.uk

About Us

We are an “Integrated Accountable Care Organisation” providing

- Primary care, secondary care, community care, social care and public health to the population of Harrogate and District;
- Children and Young People’s public health services across the North of England.



Our 2024 -
25 Year in
Numbers

OVER
5,200
COLLEAGUES



0
PATIENTS WAITING
OVER 52 WEEKS



3
INTEGRATED
CARE SYSTEMS

21,000
VIRTUAL
OUTPATIENT
ATTENDANCES



2,000+
CANCER
TREATMENTS



£401
MILLION
TURNOVER

120,000
HOME VISITS



60,000
EMERGENCY
DEPARTMENT
ATTENDANCES



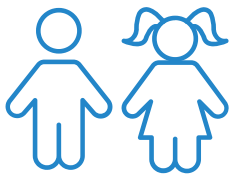
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HOSPITAL
CATCHMENT
AREA



c621,000
COMMUNITY
SERVICES
POPULATION



c620,000
CHILDREN
SUPPORTED



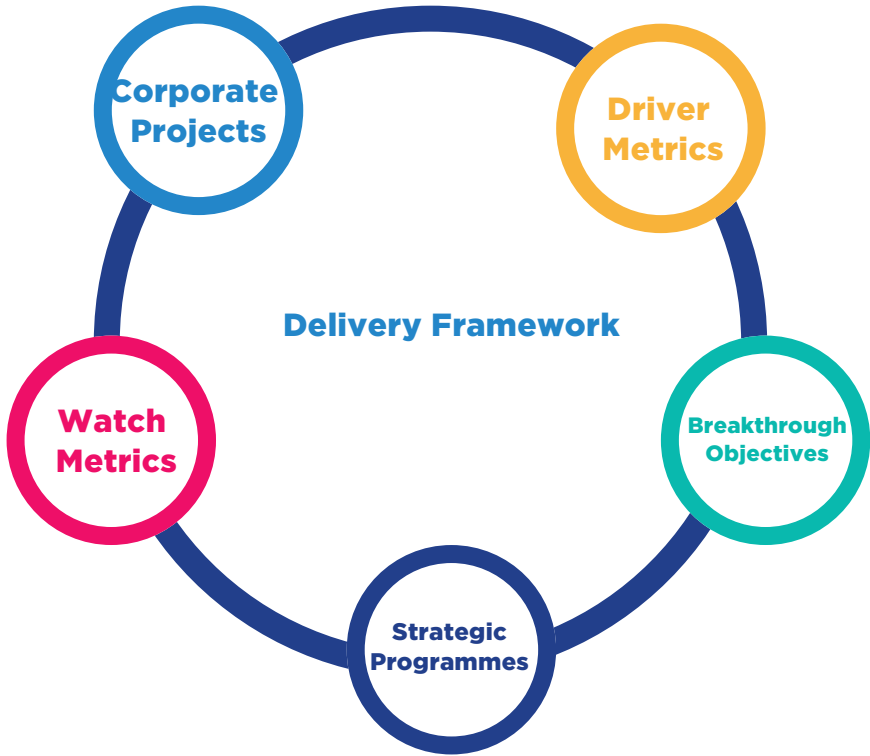
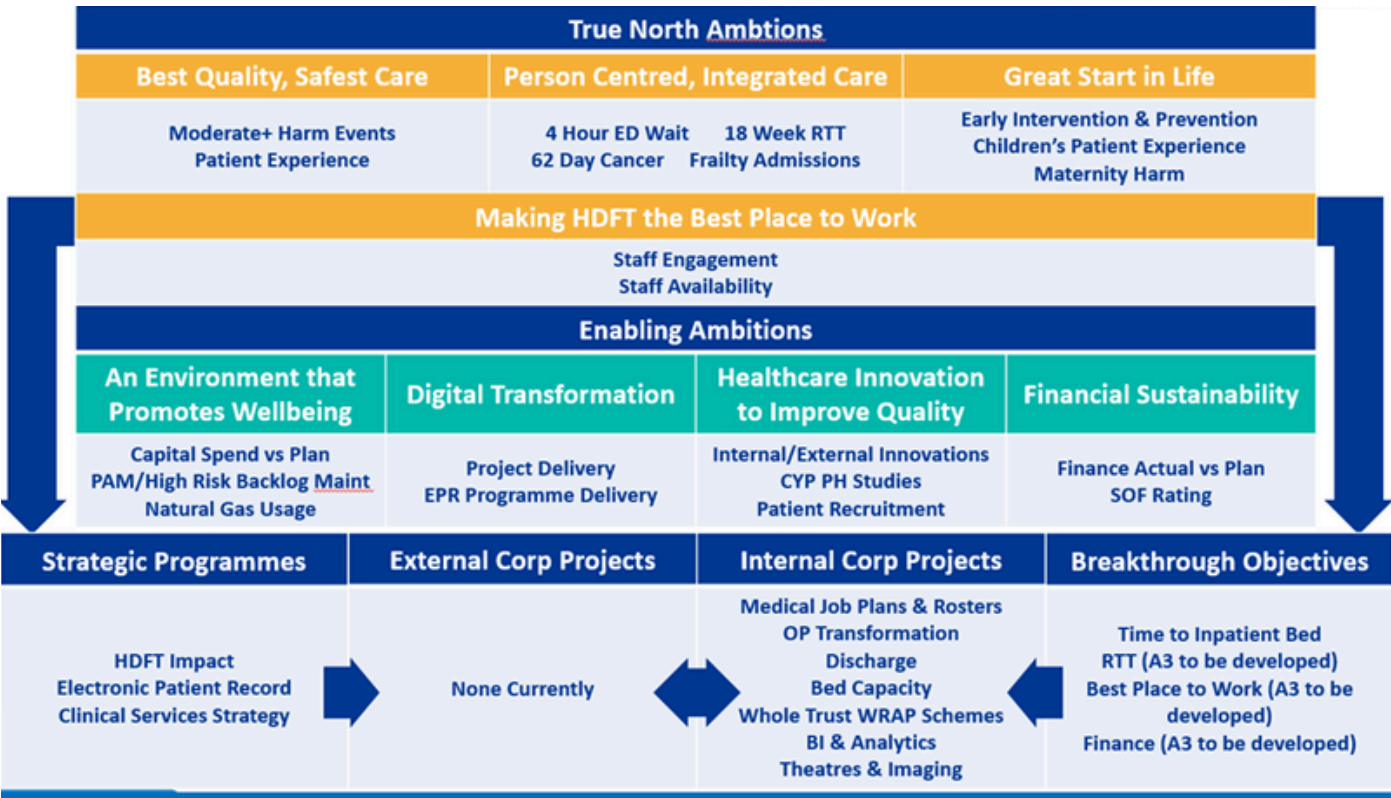
LARGEST EMPLOYER IN
HARROGATE AND
DISTRICT

Our Strategy and how we work

HDFT Impact - Strategy Deployment



Strategic Planning Framework





PART TWO

**Priorities for Improvement
for 2024-25 and Statements
of Assurance from the Board**



Statements of Assurance

Statements of Assurance

The information presented in this Quality Account represents information that has been monitored over the last 12 months by the Trust Board, Council of Governors, Quality Committee and the Executive led Quality Governance Management Committee.

The majority of the Account represents information from all of our Directorates presented as total figures for the Trust. The indicators to be presented and monitored were selected following discussions with the Trust Board. They were agreed by the Executive Team and have been developed over the last 12 months following guidance from senior clinical staff.

2024-25 has been an exciting time for quality and safety at HDFT with work continuing to embed our new approach to the quality agenda. Key activities during the year have been:

- Embedding our Trust Strategy through our continuous improvement programme HDFT Impact, which puts quality and safety at the heart of everything we do,
- The embedding of a revised Board Assurance Framework that complements the Trust Strategy,
- Through HDFT Impact, a range of high profile Strategic Programmes and Corporate Projects have been instigated. Details of which are found in this report,
- Development of our processes, structures and frameworks for reporting and reviewing safety events, including embedding of Patient Safety Incident Response Framework (PSIRF),
- Embedding of a revised patient safety events electronic learning tool.

We approached 2024-25 with a strong and proactive safety culture. We have built on our dynamic quality governance framework implemented in 2022-23. This will enable us to move forward proactively with the challenges and opportunities that the next 12 months will bring. To ensure that HDFT can implement the necessary changes key initiatives will include:

- The NHS Complaints Standard Framework,
- The Care Quality Commission revised inspection Framework,
- Three Year delivery plan for maternity and neonatal safety,
- NHS delivery and continuous improvement review.

We hope that our Quality Account provides you with an overview of the work that we have undertaken during 2024-25 as well as highlighting where we will go next in our continuous improvement journey.



Alison Smith
Interim Executive
Director of Nursing,
Midwifery and AHPs



Dr Jacqueline Andrews
Executive Medical
Director

Our Quality System

Our commitment is that each patient is treated with equality, respect and dignity and, most importantly of all, as a person. HDFT is a complex system with many interrelated components that are crucial to ensuring that everything works. Our core internal system is made up of:



The corporate Quality Team consists of the Patient Experience Team, the Patient Safety Team, the Legal and Risk Team, the Clinical Outcomes Team and the Regulation Team under the leadership of the Associate Director of Quality and Corporate Affairs, supported by the Head of Quality and Legal. The structure reports in to the Executive Director of Nursing, Midwifery and Allied Health Professionals with support from the Executive Medical Director.

Core quality activities undertaken at HDFT include:

- Risk Management,
- HS Patient Safety Strategy,
- Central Alerts system,
- Safety Event Management,
- Legal SLA / Budget,
- Learning from Events, Claims and Complaints,
- Patient Safety Incident Response Framework,
- LFPSE (Learning from patient safety events) [Formerly NRLS (National reporting and learning system)],
- Claims Management,
- Responding to coroners requests and assisting with inquests,
- Oversight of Datix system,
- Monitoring compliance with national clinical Best Practice Standards (NICE, GIRFT, Peer review visit and Royal College publications etc)
- National and Local Priority Clinical Audit and clinical outcome data
- HDFT Clinical Guideline management
- Oversight of the safe introduction of new interventional procedures
- Management of CQC Regulations and all CQC related activity,
- Policy Management,
- Friends and Family Test,
- Complaints & PALs,
- Patient engagement activities,

Other activities within the Trust that provide insights to patient safety include Structured Judgement Reviews, Learning from Deaths and Quality Improvement projects, as well as our day to day activities such as safety huddles, hot de-briefs and governance meetings.

Our colleagues within each of the directorates predominantly own the operational 'work-as-done' for these patient safety activities. Assurance Leads, Clinical Leads, Triumvirate Leads are in turn supported by the central Quality Team who provide a strategic overview.

The Quality Team has been built to respond to both the acute setting and also the extensive size of our community footprint and the nuances of the teams, services and structures we work in.

Over the last 18 months, HDFT has embarked on an ambitious continuous improvement journey. This underpins the work undertaken in relation to Quality and Safety. Further details of this are found throughout the report.

Performance Against Priorities 2024-25

At HDFT our Trust Strategy drives all of the work we do. Within it one of our Key Ambitions is: Best Quality, Safest Care.



Our ambition is to provide the best quality, safest care, where quality is defined by safety, effectiveness and patient experience.

Through continuous learning and improvement we will make our processes and systems ever safer – we will never stop seeking improvement. We want excellent outcomes for our patients and the children and young people we support which improve their health, wellbeing and quality of life – we will do this by providing effective care based on best practice standards. We want every patient, child and young person to have a positive experience of our care – we will do this by listening and acting on their feedback to continuously improve

HDFTimpact

Strategy Delivery

Within the year we have focused on two True North Metrics. These are goals that are executive led that will take between 10 – 15 years to fully achieve. Each year programmes of work are developed to ensure consistent focus and progress.



Eliminating Moderate and Above Harm

Two Workstreams



EVER SAFER CARE

through continuous learning and improvement

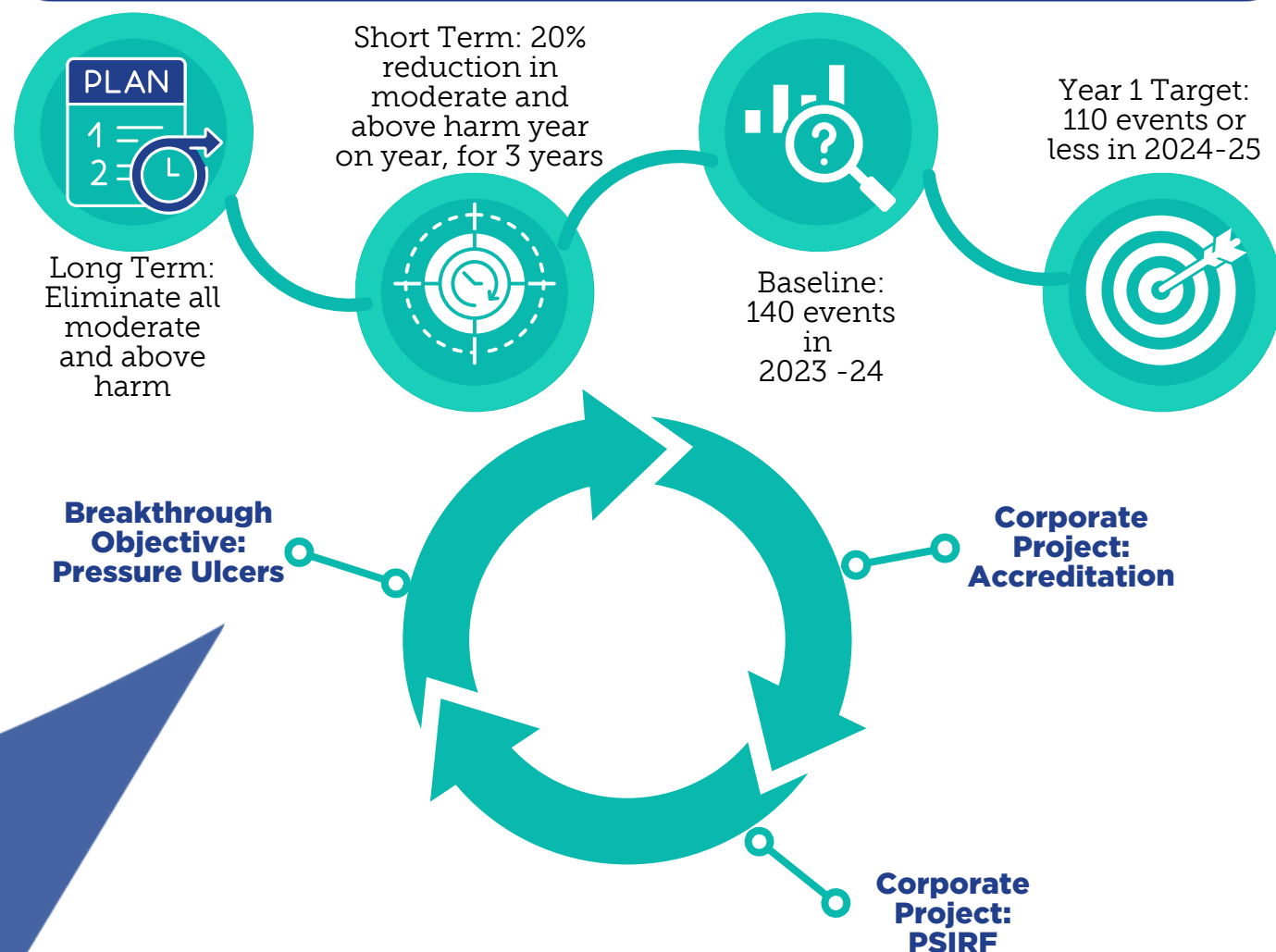


EXCELLENT OUTCOMES

through effective, best practice care

One Vision

Decrease the total number of moderate and above harm events whilst increasing reporting of low and no harm.



Eliminating Moderate and Above Harm - An Overview

Our Target for 2024-2025

As part of the HDFT Impact, continuous improvement programme, moderate and above safety events from 2022-23 and 2023-24 were analysed for these and trends.

The long term aim for this programme of work is to eliminate moderate and above harm entirely over the course of 10 – 15 years.

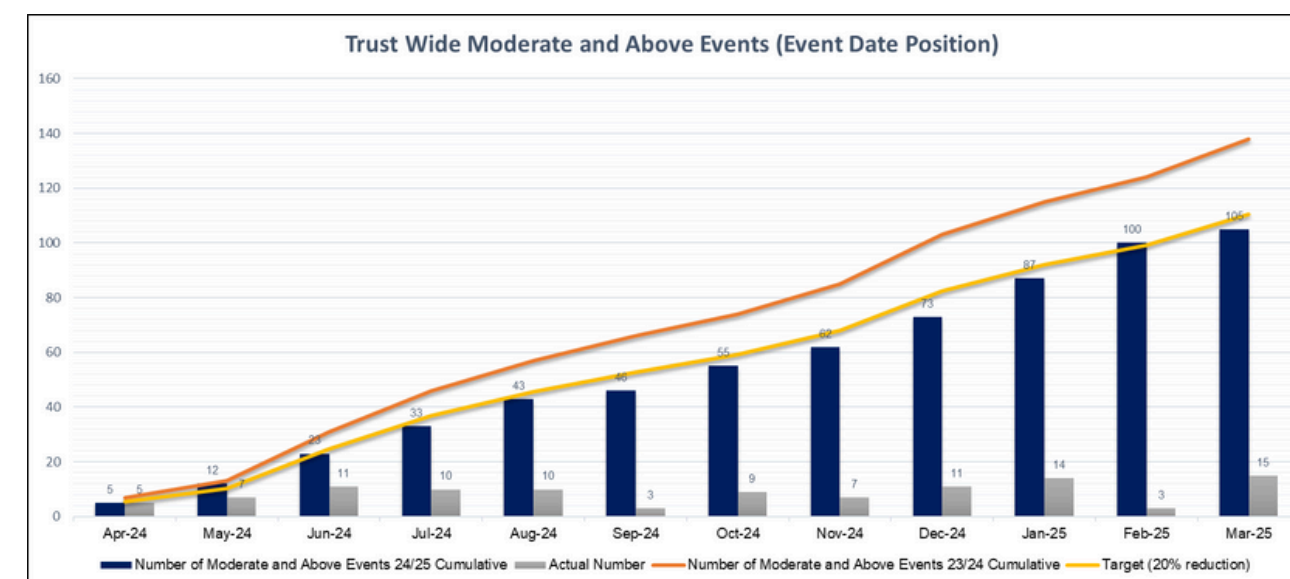
The Trust set a stretch target for Year 1 to reduce the number of events by 20%. This was a target of 110 events or less in 2024-25.

Our Countermeasures

Pressure Ulcers - Breakthrough Objective	Accreditation - Corporate Project	PSIRF - Corporate Project
Falls Improvement Plan	Safeguarding Improvement Plan	Quality Governance Framework

Our Progress

The Trust has seen a significant improvement in 2024-25 with the target of 20% reduction in moderate and above harm events achieved.



Pressure Ulcers

Pressure ulcers are caused when an area of skin and the tissues below are damaged because of being placed under pressure sufficient to impair the blood supply. They cause pain and distress, can lead to longer stays in hospital, increased care in the community and cost the NHS a significant amount of money.

They are categorised by severity according to a classification by the European Pressure Ulcer Advisory Panel from category one (least severe) to category four (most severe). They are more likely to occur in people who are ill, have a neurological condition, poor mobility, impaired nutrition, poor posture, or a medical device.

Pressure ulcers are usually preventable with good assessment of individual risk and effective application of preventative measures such as the use of effective equipment to reduce pressure, regular position change, good nutrition and hydration, and good skin care. Pressure ulcers can have a significant impact on patients and as such, the prevention of pressure ulcers has been a specific part of our quality improvement work at HDFT since 2012-13. This has intensified during 2024-25 with moderate harm pressure ulcers featuring as a breakthrough objective for our continuous improvement programme "HDFT Impact."

Key areas of focus during 2024-25 have been:

- Education and support
- Risk assessment and documentation
- Learning from incidents

What were we aiming to achieve?

Throughout 2024-25, our aims and ambitions have been to increase knowledge and awareness of pressure ulcers and the impact of these on patients, carers, and our workforce. Simultaneously, we strived to reduce the overall number of pressure ulcers acquired in HDFT care, both in hospital and community.

Our key aims have been:

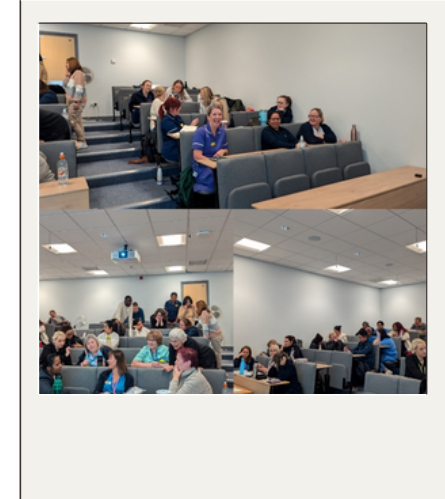
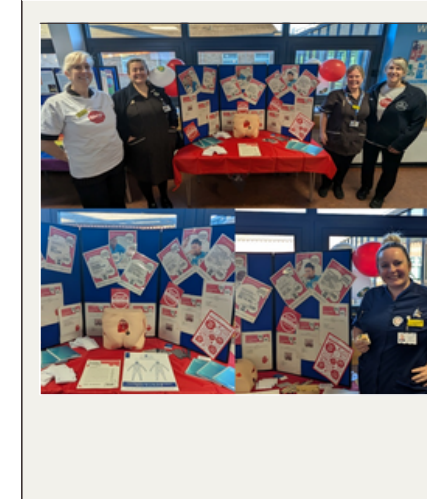
- Reduce the incidence of category two, three, four, unstageable, mucosal and deep tissue injury pressure ulcers acquired by people whilst in HDFT care.
- Promote best practice in prevention and management of pressure ulcers.
- Identify key themes of HDFT acquired pressure ulcers and learn from these to initiate learning and prevent reoccurrence.
- Eradicate moderate harm and above pressure ulcers.
- Continue with our programme of pressure ulcer training and education for staff.
- Continue to support a "zero tolerance" approach to pressure ulcer development in people who are receiving HDFT care, which is supported by our pressure ulcer prevention strategies including training and investigation processes.

What did we achieve?

- Successful pressure ulcer awareness campaign in November 2024 as part of "International Stop the Pressure Day" with a focus on engaging patients, carers and staff.
- Achieved over 80% compliance with role specific Preventing Pressure Ulcer training
- Delivered successful "Meet the Coroner in Court" study events with support from industry colleagues.
- No category 4 pressure ulcers acquired in our inpatient clinical areas.
- Tissue Viability Team highly commended for HDFT KITE awards "Corporate Team of the Year."
- Rolling programmes of education delivered on wards and in community bases have ensured accessibility to all colleagues including nurses, healthcare support workers and medical teams.
- Training delivered to Preceptorship Nurses as part of the trusts 2-year support programme for newly registered nurses, induction for healthcare support workers, international nurse training and refresher training for healthcare support workers.

Aims for 2025-26

- Revision of the Pressure Ulcer Improvement plan to ensure further alignment to HDFT Impact.
- Develop and deliver a programme of bespoke education for senior nurses to empower and build confidence with pressure ulcer management.
- Eradicate moderate harm pressure ulcers occurring in HDFT care.
- Ensure every ward has a dedicated Tissue Viability Link Champion both RN and CSW.
- Continue to work with our digital enabler team to improve access to medical photography across acute clinical areas



Accreditation

Background

In recent years, increasing research and national recognition have underscored the value of accreditation programmes in healthcare. This growing body of evidence has demonstrated the positive impact of accreditation on improving care standards, empowering staff, and enhancing patient outcomes. As a result, there has been a shift towards adopting accreditation models in place of traditional peer review processes.

In January 2024, we initiated the design of our local accreditation programme, which was implemented across Harrogate and District NHS Foundation Trust (HDFT) to replace the peer review process. The move towards accreditation was driven by the recognition that accreditation programmes provide a more structured and systematic approach to quality assurance, with evidence showing their ability to drive meaningful improvements.

In 2020, the Chief Nursing Officer (CNO) granted national recognition and support for accreditation programmes, further strengthening the link between accreditation and healthcare performance (NHSI 2020). As part of our ongoing commitment to excellence, we developed KITE Accreditation to ensure that the care we deliver consistently meets the highest standards, with the KITE values underpinning every aspect of the programme.

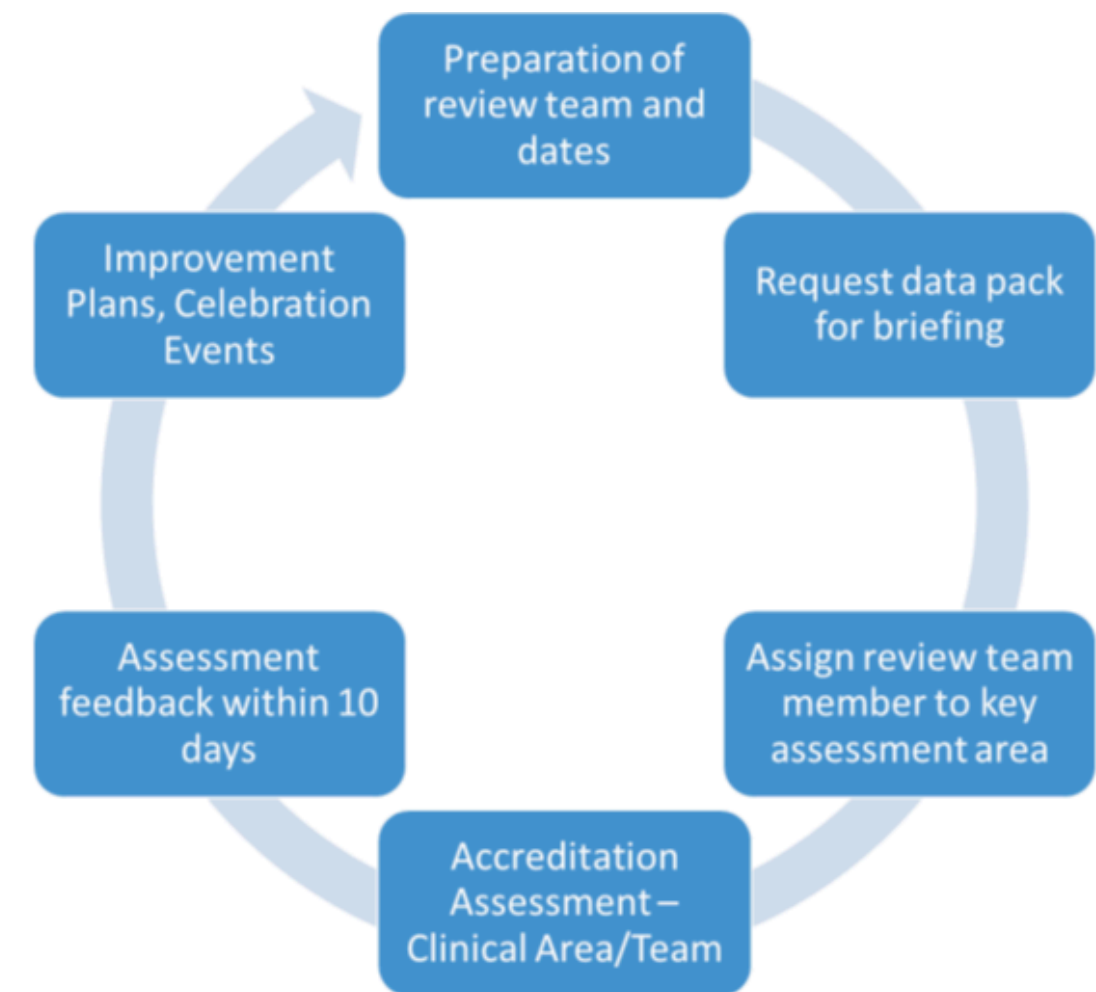
KITE Accreditation is applied across all wards, admission areas, emergency care, theatres, outpatient services, maternity, and community services. This initiative aims to highlight and celebrate best practices while fostering ongoing development through learning and support. Our approach promotes professional pride among staff and enhances workplace culture.

Assessment Process

The KITE accreditation programme is designed to ensure that fundamental standards of care are met. We use a variety of assessment methods, benchmarked against professional and regulatory standards, to guide this process. After each assessment, we compile findings and apply a standardised scoring framework to determine the accreditation level.

The accreditation process follows a structured series of stages:

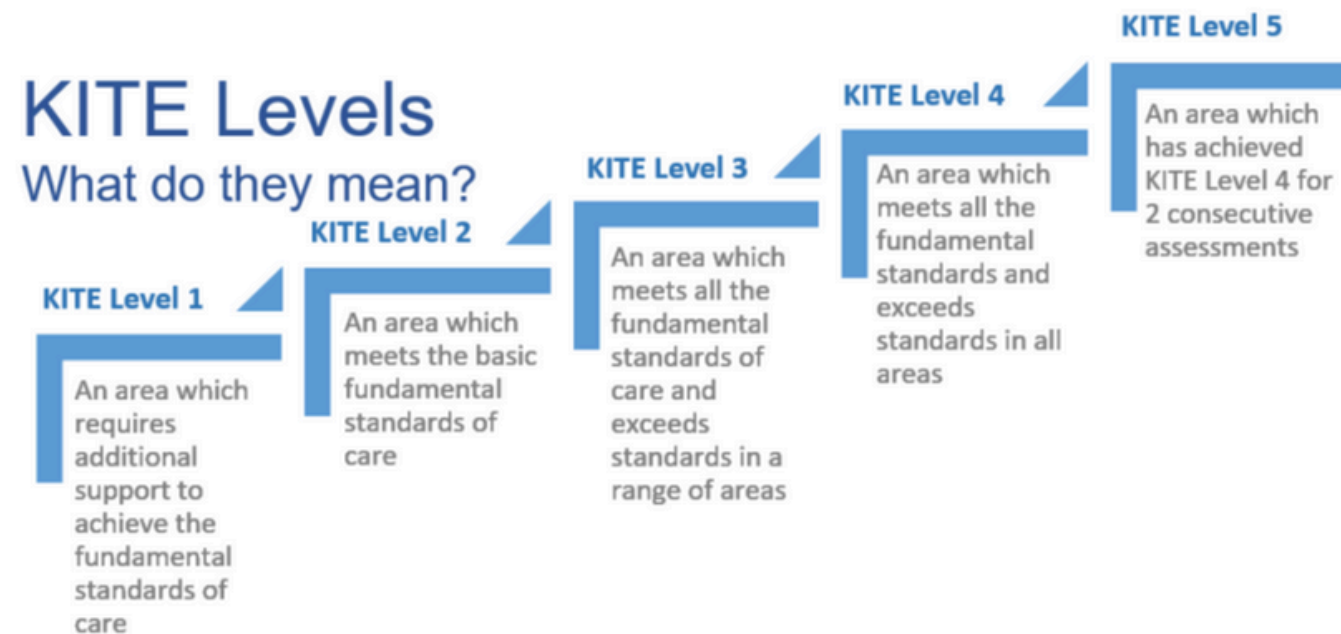
- Team and Date Preparation: Establishing a schedule and assembling assessment teams, led by the Accreditation Matron.
- Ward Assessment Preparation: Gathering data and preparing for the assessment through pre-brief sessions.
- Ward Assessment: Conducting an observational review of the area, including discussions with staff and patients.
- Accreditation Review: A debrief session to discuss findings, followed by a high-level summary for the assessment area and a report for the Deputy Director of Nursing and Associate Director of Quality.
- Improvement Plans and Celebration Events: Supporting areas in developing improvement plans for lower-scoring standards, with support tailored to the awarded KITE Accreditation Level. Reassessment schedules are set, and high-achieving areas are celebrated through certification and events.



We also use a qualitative approach by engaging with Ward Leaders to foster reflection and involvement in the process.

Accreditation Levels

Accreditation is awarded across five levels, from KITE Level 1 to KITE Level 5. These levels align with our core values, ensuring that the work undertaken during the accreditation process reflects the principles that underpin our organisation. The HDFT NHS KITE values guide each stage of the assessment, ensuring that the programme not only meets fundamental care standards but also strives to exceed them wherever possible.



Our accreditation programme is built on fostering a culture of improvement. As we move into Phase 2, we will focus on more specialised areas while continuing to refine the assessment framework based on our organisational core values.

Key Achievements

Phase 1 of our accreditation programme has been successfully completed, with 14 inpatient wards across the acute site, including paediatrics, assessed. Of these, 12 wards achieved Level 3 KITE accreditation, and 2 were awarded Level 4 KITE accreditation for outstanding performance.

Phase 2 is set to begin, focusing on specialised areas. Re-reviews of previously assessed areas will start in summer 2025.



Next Steps



Phase 2 rollout with revised core assessment framework



Collate feedback from assessment team and areas that have undergone assessment



Continue the development of the assessment framework - encompassing standards for specialisms



Support offer and celebratory events

We are immensely proud of all the colleagues who have engaged in this process. Their dedication and support are vital to enhancing the quality of care across our organisation.



Recent Developments and Impact on Patient Care

Research across UK healthcare providers continues to demonstrate the significant impact of accreditation programmes on patient outcomes. These programmes have been shown to improve key areas such as the timely completion of patient observations, the reduction of falls, and the management of pressure ulcers. This growing body of evidence highlights how accreditation can drive consistent, systematic improvements in care, ensuring that established standards are not only met but also exceeded.

Incorporating methodologies such as the Model for Improvement has been central to our programme. This model encourages the setting of clear objectives, defining measurable outcomes, and identifying specific changes that contribute to better care. The Plan-Do-Study-Act (PDSA) cycle, a key element of this approach, facilitates ongoing refinement and ensures that improvements are sustainable and impactful.

By integrating these methodologies, our KITE Accreditation programme not only ensures that current care standards are met but also promotes long-term enhancements in patient safety, care quality, and overall satisfaction.

Patient Safety Incident Response Framework (PSIRF)

The NHS Patient Safety Strategy 2019 describes the Patient Safety Incident Response Framework (PSIRF) as “a foundation for change” and as such, it challenges us to think and respond differently when a patient safety event occurs.

There has been substantial change in the HDFT PSIRF process in the last 12 months with the development and implementation of new learning responses for patient safety events. The patient safety team have worked with various stakeholders to ensure that the learning responses are fit for purpose and maintain the principles of just culture and safety science. Safeguarding has been embedded in all PSIRF learning responses to ensure that safeguarding referrals take place promptly when necessary.

Staff support throughout safety event learning responses has been a priority and central in the promotion of just culture principles. The Professional Nurse/Midwifery Advocate team have played a key role in ensuring that staff are supported quickly when a safety event has been identified. Their presence at learning response meetings has provided them a high profile in patient safety, and an opportunity to reach out to staff to offer support as discussion of an event takes place.

Patient safety incident investigations (PSIIs) have taken place, with a new process developed to ensure consistency throughout the investigations. There has been positive engagement from the directorates and clinical staff involved in investigations which has led to meaningful safety actions. Family engagement is central to PSIIs and they have been involved from the outset with all investigations. Families have responded extremely positively to the final investigation reports and have had their questions and concerns answered.

The use of thematic data is central to PSIRF. The first full thematic review has taken place, using data from 15 separate safety events to provide analysis of themes that may contribute to future patient safety events. There have been numerous safety actions developed following this review which will provide an opportunity for improvement work focussed on the common themes identified.

The opportunity to share learning widely throughout the Trust has been developed via the new Safety and Learning Network. This monthly meeting has provided staff a forum to come together and hear about the safety events across the Trust and share ideas for quality improvement. This meeting has been well attended and generated a lot of discussion amongst teams who may not regularly work together.

The patient safety team are sharing learning from events across the ICB with regular network meetings and safety meetings with York and Scarborough Teaching Hospitals NHS FT. Safety events, learning responses, safety themes and improvement ideas are shared to collaborate with neighbouring Trusts and improve patient safety across the region. PSIRF offers a flexibility for the Trust in identifying the most appropriate learning response to safety events and a toolkit and process has been developed to support staff in recognising the most appropriate learning response.



The toolkit of learning responses is detailed below:

Rapid Review of Safety Event (RROSE)

- This is replacing the '48-hr review' which was used during the 'Serious Incident (SI)' Framework.
- The aim of the RROSE is to identify any immediate learning or safety actions to shore up the Trust's systems
- It is to decide whether a further learning response is required (e.g. AAR, MDT, PSII etc.)
- It can be used to identify emerging patient safety event themes
- It is necessary for all events of moderate and above events
- RROSE will be used to identify whether Duty Of Candour is required



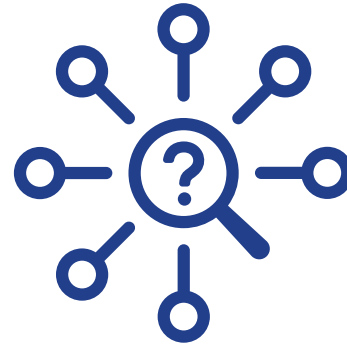
After Action Review (AAR)

- An AAR is an opportunity to look at a single patient safety event in more detail than was possible in the RROSE
- Should be used when there is potentially significant learning, but the event does not meet the PSII criteria
- Everyone who was involved in the patient safety event should be invited to attend – it is crucial that there is good representation of the staff involved
- The AAR focuses not on accountability but on learning
- A facilitator is required to introduce the task and assist participants.
- The overall time required for the session is usually an hour
- The point of an AAR is to analyse 'Work as Imagined' vs 'Work as Done', and what can be learnt by the difference between the two.



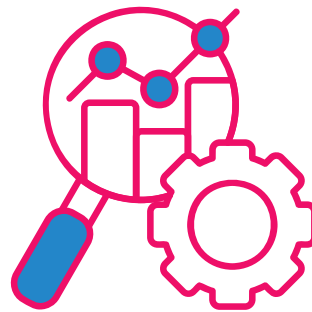
Patient Safety Incident Investigation (PSII)

- This is replacing the 'SI Investigation', which was used during the 'Serious Incident (SI)' Framework.
- A PSII is undertaken when an incident or near-miss indicates significant patient safety risks and potential for new learning
- However, there are certain situations where a PSII is mandatory:
 - Deaths thought more likely than not due to problems in care
 - Deaths of patients detained under the Mental Health Act (1983) or where the Mental Capacity Act (2005) applies
 - Patient safety events that meet the 'Never Events Criteria 2018'
 - For Maternity events meeting Maternity and Neonatal Safety Investigation criteria
- The Quality Team will assign a Lead Investigator (LI). The LI will have received training in how to conduct an investigation
- If at the RROSE meeting a PSII is deemed necessary, this must be flagged with the Quality Team, who will seek approval at Exec level
 - -The PSII cannot be formally commenced, have Duty of Candour letter shared, nor declared on STEIS until it is confirmed by Executives.



Multidisciplinary Team Review (MDT)

- The purpose of an MDT is to identify learning from multiple patient safety events
- We aim to agree, through open discussion, the key contributory factors and system gaps in patient safety events
- Key stakeholders (Service Managers, Clinical Leads, etc.) must attend, as well as staff directly involved in the processes being reviewed (Administrators, Nurses, CSWs, Porters, etc.)
- A facilitator is required to introduce the task and assist participants
- The overall time required for the session is usually an hour
- An MDT can be used to explore a safety theme, pathway, or process. There will be many, but examples are:
 - Delayed recognition of deteriorating patients
 - Medication errors
 - Admission or discharge-related safety events
 - Safety issues relating to supported/therapeutic leave from a mental health unit



Swarm Huddle

- A swarm is designed to start as soon as possible after a patient safety incident occurs
- Swarm Huddles are used to identify learning from patient safety events
- Immediately after an incident, staff 'swarm' to the site to quickly analyse what happened and how it happened and decide what needs to be done to reduce risk
- Swarm Huddles are beneficial as they prevent:
 - those affected forgetting key information because there is a time delay before their perspective on what happened is sought
 - fear, gossip and blame; by providing an opportunity to remind those involved that the aim following an incident is learning and improvement
 - information about what happened and 'work as done' being lost because those affected leave the organisation where the incident occurred.



What will PSIRF look like in 2025-26 for HDFT?

The patient safety team will continue to work across HDFT to embed and develop PSIRF and a positive safety culture. Through education and development, the patient safety team will assist the directorates to utilise learning responses locally, to empower staff to take an active role in patient safety and quality improvement. Through the continued review of data, the patient safety team will identify and highlight frequent low harm events to enable quality improvement work to take place with the goal of preventing future patient harm.

Falls Improvement

Nationally, falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 1 in 3 people older than 65, and 1 in 2 people older than 80 falling at least once a year. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality.

Background

The Harrogate district area is known to have a greater than average number of people aged 65 and over living here, which is set to increase annually.

Therefore, falls prevention continues to be a primary patient safety focus for the organisation, and in doing so, there has been a further decrease in the number of inpatient falls by 5%.

All falls that caused moderate and above harm, were reviewed by a panel of subject matter experts, and learning identified was shared trust wide.

The Fundamentals of Care Team continue to analyse data and most up to date research in order to implement new interventions and strategies to reduce the number of falls, specifically those that cause harm.

In summary, there remains a direct focus on staff education, the employment of specialist nurses, regular completion of risk assessments with interventions, and learning from previous incidents.

Key achievements in 2024-2025

- Increased education for falls prevention and the importance of keeping patients moving when in hospital.
- Implementation of new training around Fundamentals of Care.
- Increased mini mobility assessments to encourage patients to keep moving whilst in hospital.
- Improved awareness around the requirement for timely medication reviews for those at risk of falling.
- Created new falls guidelines with clear pathways.
- Created new enhanced care risk assessment with clear pathways.
- Launched our new Carer's Passport, including our barcode for use in Herriot's restaurant.
- Continued education and support around the appropriate use of bed rails.
- Ensuring all patients had a personalised toilet plan for continence.
- Implementation of the Patient Safety Response Framework to improve the response to falls incidents and ensure the learning is being shared.



Aims for 2025-2026

Using national and local audits, as well as identifying current incident trends within HDFT, further work planned is:

- Data gathering required around reasons for re admissions and then to identify quality improvement projects to support this.
- Current ongoing work around our falls sensors and the under usage of these.
- Current audit ongoing around the multifactorial risk assessments completed by both medics and Registered Nurses in hospital, with a view to identify gaps and ideas of improvement.
- The production, distribution and implementation of a Safety Huddle SOP with clear documentation.
- Develop and provide an Easy Read Falls Prevention leaflet.
- Ensure that protocols are in place to flag when there are patients at risk of falls, and subsequently ensure a Multi-Factorial Risk Assessment (MFRA) is completed with actions implemented.
- Fundamentals of Care team to run a quality improvement project on the provision of spectacles within the Trust.
- Fundamentals of Care team to run quality improvement project around wayfinding for patients when they are admitted to a ward.
- Fundamentals of Care Team to develop easy read post fall protocol with actions.
- Fundamentals of Care Lead to continue to monitor Trust compliance % with the falls e learning package and feed into the relevant forums.
- Fundamentals of Care Team to continue with quarterly Masterclasses as well as planned training for the relevant staff members.
- Fundamentals of Care team to run a quality improvement project on the elderly medical wards around safer mobilisation handovers between the nurse in charge and the therapist to reduce deconditioning.
- Fundamentals of Care team to look to change terminology from 'Falls Prevention' to 'Safer Mobilisation' in order to promote the mobilisation of patients in HDFT.

The appropriate falls compliance data is captured via a monthly Tendable audit, and is viewed in graph form showing each departments compliance rates. This is available for all senior management teams to view and is shared as part of the Integrated Care Board report. This is reported at monthly Fundamentals of Care and Patient Safety Forum meetings to ensure there is governance around our scoring.

The ward managers and matrons set 'days without falls targets' for their departments which consisted of targets to achieve bronze, silver, gold and platinum awards. These awards have proved popular with colleagues, and allow the trust to highlight the departments that have worked hard to achieve their falls prevention targets.



Safeguarding Improvement Plan

Throughout 2024 the adult, children and maternity safeguarding teams within acute and community settings have continued to strengthen our approach to align and coordinate activity across the organisation using the Think Family approach to safeguarding, whilst also taking into consideration the local and national safeguarding agenda.

Focus on our safeguarding improvement work plan has continued with progress being made in all areas. Reporting against NHS England Accountability and Assurance Framework, Safeguarding Intercollegiate Guidance and self-assessment of Section 11 audit continues both internally to Trust Board and externally to ICB and NHS England.

Strategy:

Our All Age Safeguarding Strategy has been approved following internal and external engagement with relevant stakeholders and work is now ongoing to develop the delivery plan to support achievement of our strategy.

Governance:

Our strengthened safeguarding governance arrangements are now in place with positive feedback from both internal and external key stakeholders re: safeguarding assurance and compliance with our statutory obligations.

The Trust-wide Safeguarding Governance Forum monitors and provides assurance to the Trust Board via the Quality Governance Management Group and Quality Committee regarding the safeguarding team's ongoing activity around individual work streams and priority areas in line with the Trusts statutory obligations as defined in the Children Act 2004 and The Care Act 2014. Our Safeguarding Committee continues, chaired by Executive Chief Nurse, providing external assurance to our ICB Commissioners. The Executive Nurse or Deputy Director of Nursing CYP / Safeguarding continues to represent the Trust in North Yorkshire Safeguarding Adults Boards and ICB Safeguarding Executive meeting with Named Nurses / Professionals representing the Trust at local partnership meetings across the geographical footprint and 9 localities.

Policies, processes and procedures:

A review of our safeguarding policies has taken place. All policies have been updated and new ones being developed as required. All policies now have an owner and a clear process is now in place for ratification of our policies with oversight by our new Head of Safeguarding.

Regulatory Preparedness

In preparation for CQC inspection a Safeguarding CQC preparedness evidence file has been collated and is reviewed and refreshed with additional evidence added on a quarterly basis by our Head of Safeguarding and Deputy Director of Nursing.

Audit / Benchmarking / Data

Quarterly compliance with Safeguarding Section 11 audits continues with quarterly ICB and NHS England assurance documents being submitted. In 2025 it is hoped that a safeguarding dashboard will be developed which will report into Trust Board re safeguarding activity, performance and metrics.

A strategic safeguarding audit plan is currently in development for 2024-25 which will add further assurance to current local audits taking place.

Safer Recruitment:

HDFT recruitment policies and processes are in line with NYSCP /NYSAB/CYSAB.

Training:

Revised Safeguarding Training Steering Group continues with a focus in particular in 2025 to continue to further strengthen our current processes and procedures to provide assurance re arrangements and compliance with national guidance.

Development of our learning and improvement framework continues to support a Trust-wide approach to learning and improvement from safeguarding practice reviews which will build upon the work that has taken place at locality / place.

Management of allegations against staff and volunteers, complaints and whistleblowing:

Safeguarding teams continue to provide support to managers and staff working closely with HR colleagues in line with processes relating to concerns and allegations against staff and volunteers. Plans are in place to further strengthen current work alongside HR colleagues working closely with Local Authority Designated Officer (LADO) colleagues across our footprints.

Supervision:

Safeguarding supervision policies and practices are currently being reviewed and will be further strengthened in 2024-25.

Information Management and Sharing:

Safeguarding teams continue to provide close professional specialist and operational support and guidance working closely internally with front line teams, directorate management teams and external partners in line with information management and sharing best practice.

Multi-Agency Working:

HDFT safeguarding teams are a key partner working across a huge geographical footprint with positive feedback re our engagement and input into partnership meetings. A mapping exercise has now concluded providing assurance to Safeguarding Governance Forum of HDFT engagement and partnership working aligned to our statutory obligations.

Domestic Abuse and Sexual Violence national work programme:

In line with National work programme HDFT has signed up to the national Sexual Safety Charter. The Trust is committed to ensuring we work with our partner agencies and colleagues across the Trust to deliver the work of this programme. To help support this, we have created a Steering Group to oversee the implementation and embedding of the work required.

A Positive Patient Experience

One Workstreams



A POSITIVE EXPERIENCE

for every patient by listening and acting on their feedback

One Vision

For every patient, child, carer or service user to recommend our services.



Long Term: Development of a real time engagement tool

Short Term: 20% increase in Friends and Family Test Response in the next 12 months



Baseline: 447 response per month in 2023 -24

Year 1 Target: 539 responses per month in 2024-25



Corporate Project: Real Time Patient Engagement

A Positive Patient Experience

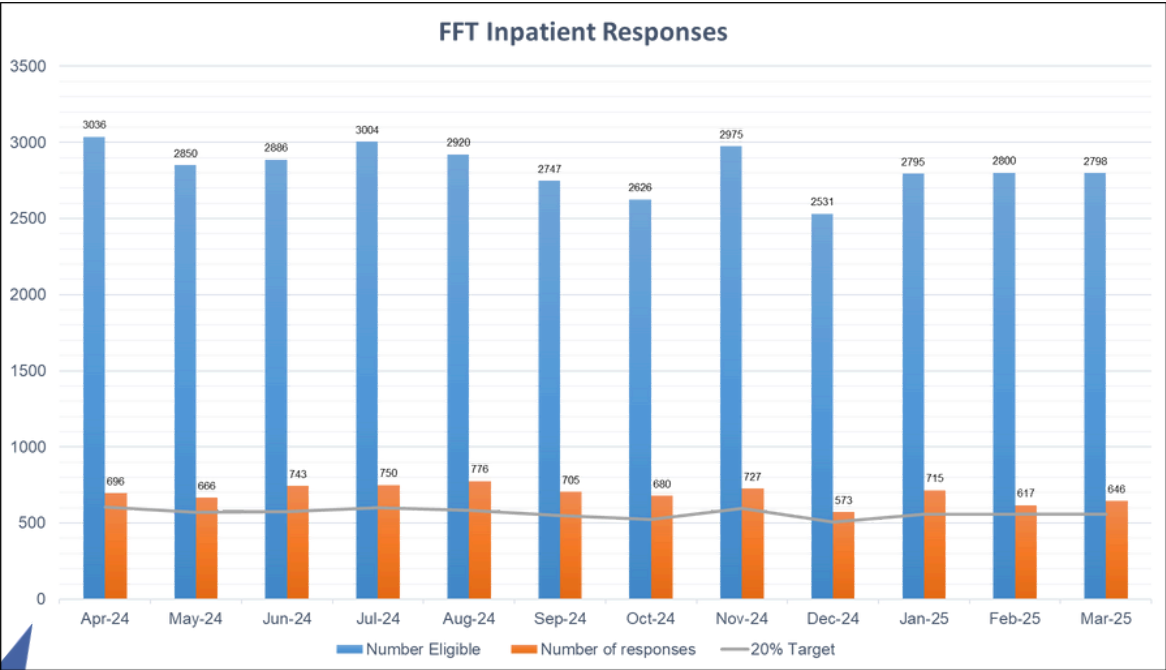
Our Target for 2024-2025

The long term aim for this programme of work is to devise a real time engagement tool.
The Trust set a stretch target in the short term of increasing Friends and Family Test response by 20%. This was a target of 539 responses per month in Year 1.

Our Countermeasures		
Real Time Engagement Tool - Breakthrough Objective	HDFT Reader Group	Complaints and Concerns
Accessible Information Standards	Engagement	Surveys

Our Progress

The Trust has seen a significant improvement in 2024-25 with the target of 20% increased in responses.





A Positive Patient Experience - Friends and Family Test


The Friends and Family Test was created by NHS England and is a quick, anonymous way for patients, carers, families, children and young people to give feedback about their experience after receiving NHS care or treatment.


It provides a valuable insight into how people feel about our services and is integral to our desire to ensure continuous learning and improvement from patient experience, based on real-time feedback.


Patients, carers, families, children and young people should have the opportunity to give regular feedback about their experience of care from all HDFT Services, and the Patient Experience Team have continued to implement new collection methods throughout 2024 to ensure accessible access to feedback , including;


- 

Updated easy-read feedback forms, with a children and young person’s version designed with help from Specialist Children’s Services
- 

A new online FFT, available in standard and easy-read versions, accessible via QR (Quick Read) codes displayed on posters through HDFT departments.
- 

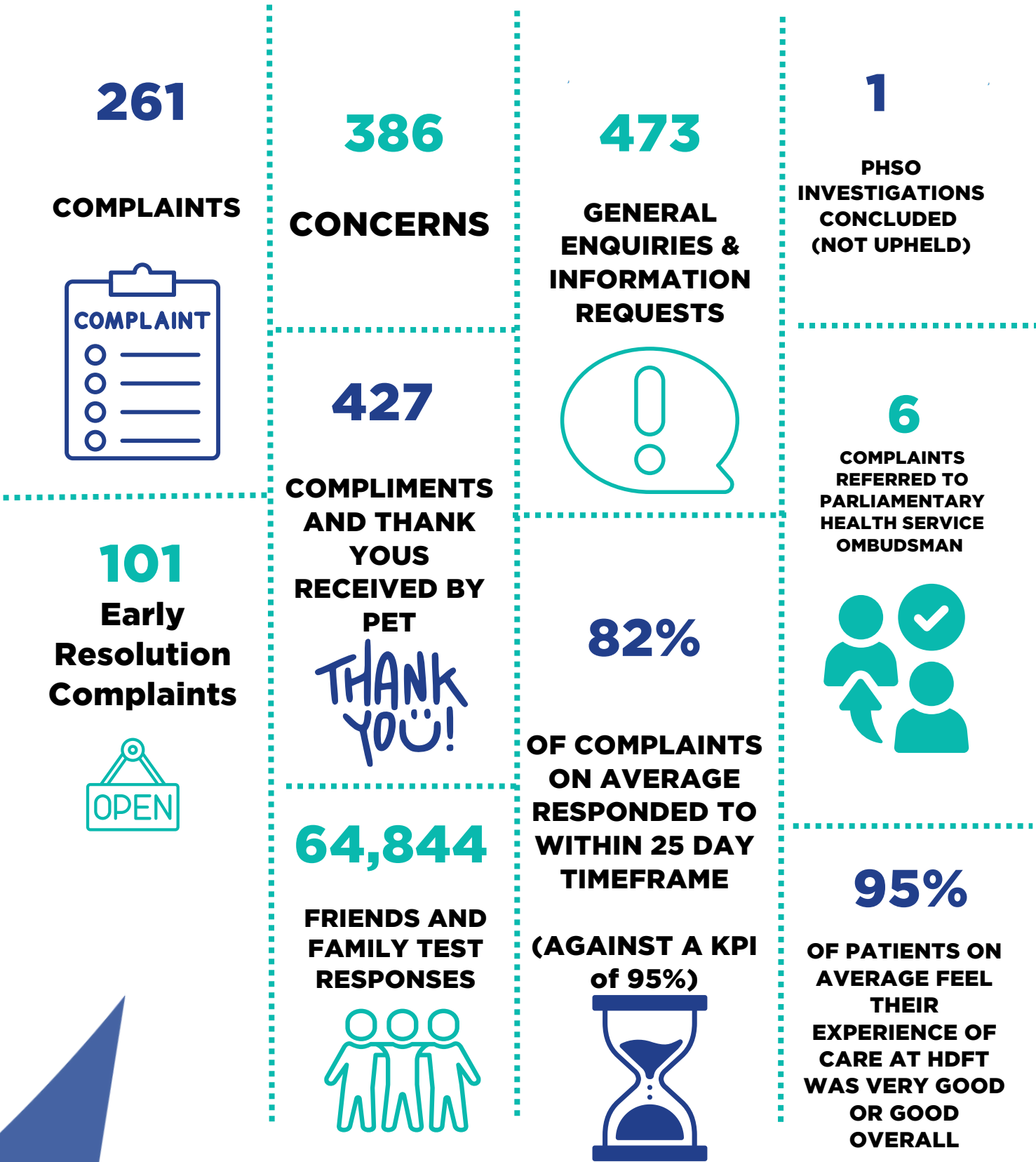
The FFT URL can also be shared via email, text message or shared in virtual consultation chats and is also found on the HDFT website.
- 

Bedside posters and QR code stickers being trialled on Pannal and Bolton wards to encourage more real-time feedback on wards.
- 

All wards and departments encouraged to have a secure feedback box in situ to collate. This will help to ensure patients feel as a comfortable as possible when giving feedback, will promote real honesty and anonymity.
- 

This will also ensure wards and departments can keep on top of feedback forms for collection

Patient Experience and Engagement in Numbers



Real Time Engagement - Corporate Project

At HDFT we want to

Increase engagement with patients, carers, visitors and the public, and to further opportunities to hear the people's voice using different methods of engagement outside of the more 'traditional' surveys and Friends and Family Test.

Ensure that feedback used can be shared easily and efficiently with all services, to enable more 'real-time' data that will support continuous improvement in line with HDFT Impact, and inform HDFT services what works well and what we could do better.

In 2024-25 we set out on an ambitious project to change the way we gather our information. This section provides a summary of what we have achieved in our first year of our three year programme.



Friends and Family Test (FFT)

Aim: improve collection methods to increase response

Working Group set up.. Bi-monthly meetings in place.
FFT feedback proforma developed and escalation criteria agreed.
Business proposal developed to improve collection methods and reporting.
Monthly reports available to all Directorates with a "you Said, We Did" approach.



Real Time Listening Event

Aim: to develop a programme of real-time listening events

First event held as a pilot in November 2024 with a focus on the KITE values.
Feedback materials developed including Posters with QR codes and paper surveys
Smaller number of people engaging than anticipated. A review of methods being undertaken.
Contact made with other NHS Trusts to review their approach.



Patient Experience Team Visibility

Aim: to promote the visibility of the Patient Experience Team

Increased visibility within Directorates through attending quality of care meetings
Increased trust wide visibility through ward attendance and Team Talk.
Stand planned for outside Herriots (on site canteen) in Spring 2025.



Real Time Feedback System

Aim: to develop a system for feedback capture and analyse

Trialling kiosks and other digital feedback methods
Scoping exercise to see what feedback non-NHS organisations utilise to inform improvements and heighten customer experience and satisfaction
Developed robust processes for sharing non-complaint feedback (FFT, surveys etc) with services to inform change and improvement



Real Time Listening Event

We have selected this part of project to discuss in greater depth.

HDFT is passionate about continuous improvement and we want to ensure a positive experience for all patients, carers and visitors.

As part of the corporate project under HDFT Impact, we wanted to trial a real-time feedback event, to actively listen to patients and support continuous improvement within services.

We asked patients and visitors about their experience of care in line with our KITE values, and how they felt these were demonstrated during their visit or stay on 28 November 2024.

Feedback materials, including posters with QR codes and paper surveys delivered to all wards and depts. prior to event, along with an information sheet all about the event. It was also shared via social media, signposting people to the online survey and encouraging engagement.

We asked patients to rate how well we demonstrated Kindness, Integrity, Teamwork and Equality using a sliding scale ranging between Very Good and Very Poor, and what these values looked like in practice.

Results showed that 90% of patients felt we demonstrated kindness, 91% felt we demonstrated integrity, 88% felt we demonstrated teamwork and 86% felt we demonstrated equality during their visit or stay. Excerpts from the narrative data are included below:

What does integrity look like at HDFT?

"patients appreciate thorough consultations, clear explanations, and respect from staff."
"Managing expectations around waiting times for example."
"Well-organised, transparent information and ensuring patients fully understand their treatment and care. Active communication and reviewing previous records contribute to a positive patient experience."

What does kindness look like at HDFT?

"listening to and understanding patients, demonstrating empathy and a caring attitude. Positive patient experiences are highlighted through friendly interactions, patience and attentiveness. Nurses are described as knowledgeable and compassionate, with personal connections with patients. Kindness is defined as showing love and empathy, and even small gestures like a smile or body language are noted as valuable"

What does teamwork look like at HDFT?

"good communication and efficiency. Staff were praised for being friendly, empathetic and professional, demonstrating collaboration within teams. Positive experiences including prompt service, clear roles and responsibilities and smooth patient flow."
"effective teamwork enhances patient care."

What does equality look like at HDFT?

"respect and inclusivity. Everyone is treated equally, with no one left behind during decision making" "the nature of questions asked is respectful and considerate"
"patients treated with fairness without judgement"
"patients feel respected and valued"

Patient Experience and Engagement - our aims for the future

At HDFT we want to:



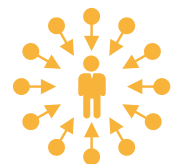
We will continue to increase patient FFT response rate by a further 20%.

As part of our commitment to actively listen to our patients, service users, families and carers we will welcome all feedback to improve quality and provide a positive experience of care. In order to do this we will implement real time patient experience feedback processes.



We are committed to co-designing and co-producing processes and service development to ensure they are fit for the future

We will continue to improve patient experience and satisfaction within our services and we will use data to identify themes for improvement. In addition we will collate data to recognise best practice and develop plans to provide consistency of quality



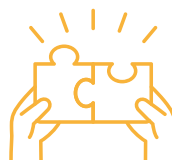
We will ensure services are person centred and responsive to individual needs with a focus on improving the experience of our service users with vulnerabilities (LD, Autism, Dementia, Mental Health) throughout 2025-26.

We will continue to enhance the role of the PET being forward facing in meeting patient needs and supporting engagement activities.



We will develop a library of patient stories for learning and improvement.

We will work with patients, service users, families and carers in seeking early resolution to concerns and complaints, will actively listen and when things go wrong we will ensure that lessons are learned to improve patient experience, and



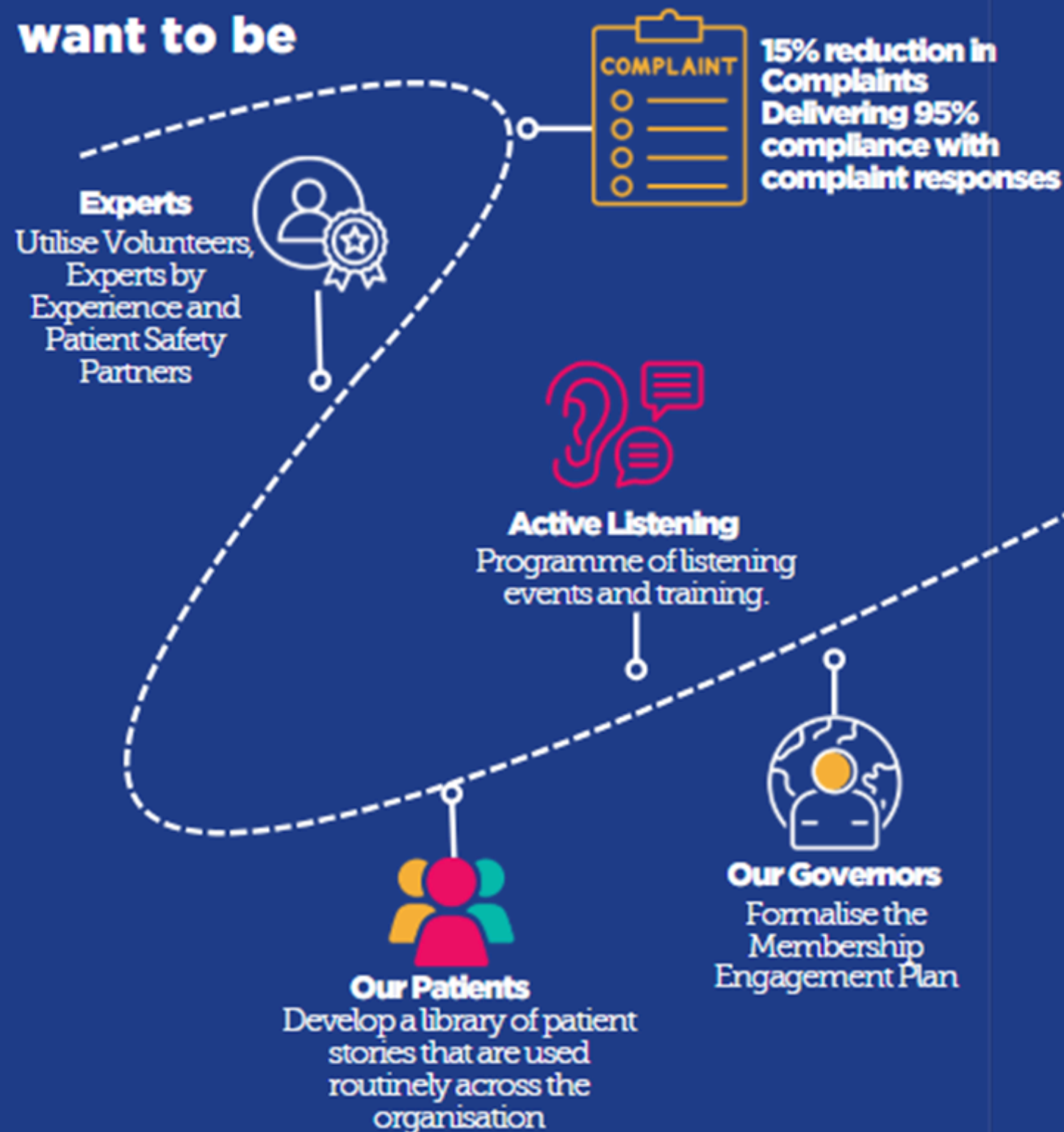
Reduce number of formal complaints and will improve the response rate to any formal complaints we do receive.

Our Engagement Strategy

In 2025-26 we will develop a clear Engagement Strategy. This will have a wide range of workstreams that will focus on:

Workstream	Goal	Metric
Real Time Engagement Tool	As part of our commitment to actively listen to our patients, service users, families and carers we will welcome all feedback to improve quality and provide a positive experience of care. In order to do this we will implement real time patient experience feedback processes.	Delivery of a real time engagement tool.
Co-Production and Co-Design	We are committed to co-designing and co-producing processes and service development to ensure they are fit for the future.	<ul style="list-style-type: none"> Two Patient Safety Partners recruited to. Increased use of the HDFT Reader Group Recruitment to the vacant third sector seat on the Council of Governors. Development of a Membership Plan.
Improved experiences for Vulnerable Service Users	We will ensure services are person centred and responsive to individual needs with a focus on improving the experience of our service users with vulnerabilities (LD, Autism, Dementia, Mental Health) throughout 2025-26.	<ul style="list-style-type: none"> Bereavement Officer in post Audit of translation services Increase in Dementia Disgnosis
Concerns and Complaints	Reduce number of formal complaints and will improve the response rate to any formal complaints we do receive.	<ul style="list-style-type: none"> Reduction in the number of complaints by 15% Achieve over 95% compliance with complaint response times

Where we want to be



Our Patients and Service Users

We want our patients and service users to provide us with feedback to show we are making improvements with more than 8.1 overall rating

We want to be in the top ten organisations rated in the NHS Inpatient Survey for the care we provide.



Real Time Engagement

Delivery of our Corporate Project
Development of a real-time Engagement tool



Care
95% of patients on average feel their care was Good or Very Good

HDFT Reader Group

As part of a wider Patient Experience review, we looked at how HDFT ensures the patient voice helps to tangibly influence and shape services and patient information. It was identified in 2023-24 that it would be of significant benefit to introduce a Patient and Carer Reader Group which underpins all services within the Trust.

The group has now been developed and is made up of patients, volunteers, staff and young people. The purpose of the group is to review patient and carer literature, in order to directly support improvements in the information we provide and ensure it is accessible for the intended audience. The group has gone from strength to strength, with 35 members and counting. The group have already reviewed an array of literature and documents from services including Children's Cardiology, Podiatry, Cancer Services and Ophthalmology and are an integral part of the quality assessment processes in the Trust.

So far, over 25 pieces of information have been shared with and reviewed by the group, including;

- Children and Ambulatory ECG Patient Leaflet
- Bed rails in Hospital Leaflet
- Videofluoroscopy Patient Information Leaflet (2023 update)
- Preventing Pressure Ulcers Information for Patients
- ReSPECT Leaflet
- Cataract Video
- Neurodiversity Passport - My Maternity Toolkit

A review of all Patient Information Leaflets is currently underway across the Trust, and the reader group will be an integral part of the review process as this piece of work develops throughout 2025.

Complaints and Concerns

A total of 261 complaints (all types) were received in 2024-2025, compared to 258 in 2023 – 2024. The average overall response rate in 2024-25 was 82% against our target of 95%, which is a very slight decrease compared to 2023-24 (85%) but remains positive increase from 74% in 2022 - 2023 and 56% in 2021 – 2022. As part of the work being undertaken in 2025-26, an Engagement Strategy will be developed that will have further focus on ensuring the quality and timeliness of complaint responses.

Complaint and Lead Investigator training launched in January 2024, to further support and develop Trust-wide knowledge and understanding of local and national complaints framework, response timeframes and the ethos and purpose of the PET. So far, over 60 staff Trust-wide have attended a session.

The total number of contacts dealt with informally via the Trust concerns process in 2024-25 was 386, a significant decrease to 714 in 2023-2024. This is likely due to the fact that Early Resolution Complaints are now offered as an interim option between a concern and a formal complaint.

Wherever possible, the Trust will attempt to resolve issues and complaints at a local level in the first instance via the Concerns process, in order to de-escalate and reach a prompt resolution for the patient, carer and family.

Where there is action and learning as a result of a complaint, these are recorded under the 'Actions' section on the Datix Feedback module by the Directorate Quality Assurance Leads.

Due dates, progress notes and completion dates are recorded to ensure timely completion of each action. Some actions and learning taken from complaints in 2024-25 include;

- Ø Promoting the importance of consistency in healthcare practitioners wherever possible
- Ø Reminder shared with teams to ensure the discharge checklist is used every time ensuring a patient's next of kin is contacted on discharge
- Ø A focused session on the importance of having confidential conversations in a private place with particular focus to CCU and MECU nurses station desks.
- Ø Updates made to Granby ward signage regarding relative-assisted meal times for patients
- Ø Update made to process for 0-19 health needs assessment - to ensure staff check that the Social Worker has shared all actions, then 0-19 staff to contact parent/ carer to introduce self and discuss consent for health needs assessment.

More details about complaints and concerns will be included in the Annual Complaint and Concerns Report 2024-25.

Accessible Information Standards

The Accessible Information Standards is a standardised approach to identifying, recording, flagging, sharing and meeting the information and communications needs of patients, carers and parents where this need arises from a disability, impairment or sensory loss. From 2016, all organisations that provide NHS care and/or are publicly-funded adult social care are legally required to follow the Accessible Information Standard.

New guidance for HDFT staff has been developed, to support the creation of information in different formats, including easy read, large print, braille, audio and other languages. The guidance is available to all staff via the HDFT intranet, and has been introduced at Quality Governance Management Group, Senior Management Team meeting, Line Managers Webinar and Team Talk.

Communication support enables effective, accurate dialogue between a professional and a service user to take place. This in turn enables appropriate and independent access to health care services and allows people to make decisions about their own health, wellbeing, care and treatment.

Patient Experience also contributed to the Equality Delivery System 2022 (EDS22) Equality Reference Group Meeting in early 2023. The purpose of the group was to review and critique HDFT's initial work and delivery of the Equality Standards from 2023, which ensures everyone has accessible and appropriate access to health services, that their health needs are met and that both patients and staff report positive experiences of services, healthcare and their working environment.

PET presented the work to date around the Accessible Information Standards to the Reference Group, highlighting steps taken to improve easy read information for patients, the introduction of the HDFT Reader Group and improvements in the collection of equality monitoring information.

The overall Trust rating was awarded as 'Achieving', with some areas for development noted including;

Routinely collecting or subsequently analysing patient information across many of the 'Protected Characteristics.' While much of this issue will be addressed with the introduction of the new electronic patient records system.

- Actively engaging with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service.

Engagement & Surveys

Patient and Carer surveys are tools we use to gather information to understand what service users think about their care, treatment, environment and our patient pathways. We also use surveys to check progress against improvements and developments. These surveys help us to improve the quality of services that we deliver.



39 Patient Surveys Set up in 2024-25

71 Ongoing Patient and Carer Surveys in 2024-25

An Example of our Survey Results:

In June 2024, the Bowel Cancer Screening Programme team moved their patient surveys onto a digital platform, to run alongside print copies, and developed a QR code to broaden access for patients to give feedback. Patients are asked to give feedback 30 days after their screening procedure, and are asked a variety of questions about their experience, including the information given to them pre-procedure, the appointment and the procedure itself and the aftercare provided. They are also asked what could be done differently or better.

Results in December showed 160 responses to the survey, with the below comments highlighted to show really good practice.



National Patient Surveys

All eligible NHS trusts in England participate in the NHS Patient Survey Programme, asking patients their views on their recent health care experiences. The findings from these surveys provide organisations with detailed patient feedback on standards of service and care and can be used to help set priorities for delivering a better service for patients. The survey results are also used by the Care Quality Commission to measure and monitor performance at both local and national levels.

HDFT participates in the following national surveys;

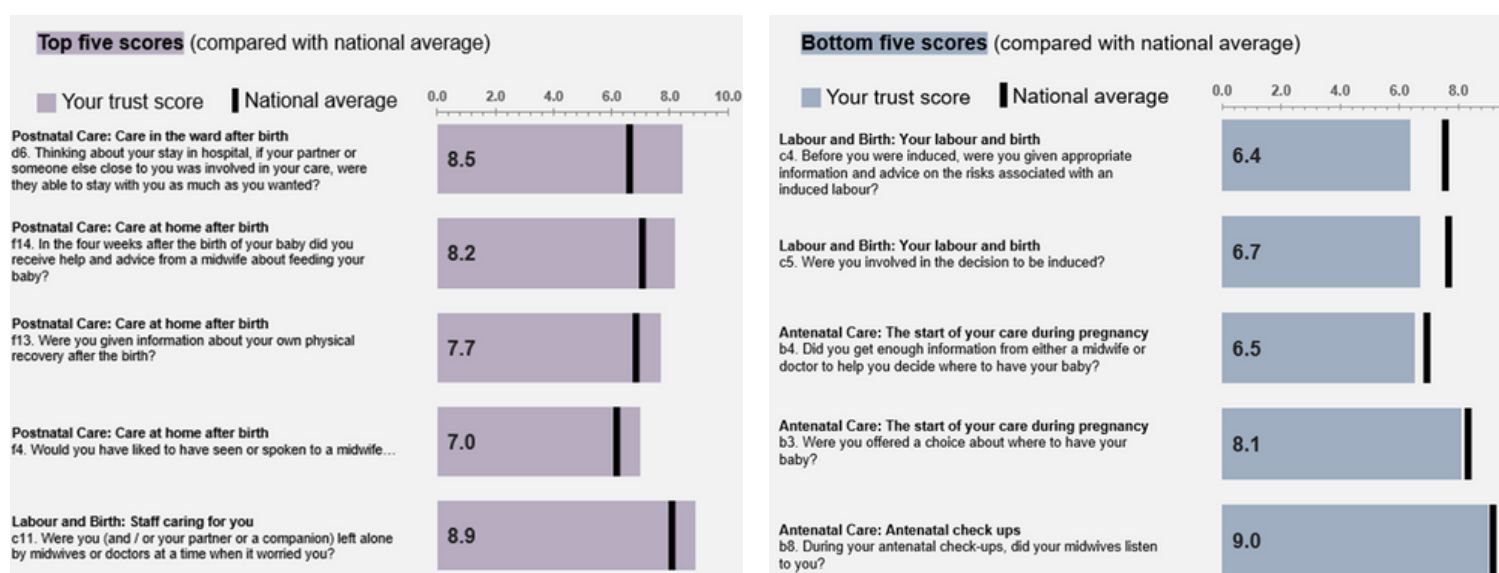
- Cancer
- Inpatient
- Maternity
- Urgent and Emergency Care

Surveys are run either annually or bi-annually, with feedback requested from patients from the preceding 12 months. HDFT currently contract Picker to deliver the surveys, collate the feedback and share the data and results.

Using the National Maternity Survey 2024 as an example;

- 275 patients who had used HDFT Maternity services were invited to take part in the survey
- 141 patients completed (51%)
- 43% of patients were aged 35 and over, with 51% having given birth to their first baby

HDFT scored above and below the national average in the below areas;



When survey results are received, they are shared with Senior staff from the relevant service and directorate, including Associate Directors of Nursing, Matrons and Ward Managers. Results are reviewed and an action plan is developed for any improvement work required. This is presented to the Making Experiences Count (MEC) forum, and the Quality Governance Management Group (QGGMG).

Following on from their results in the 2024 survey, the Maternity Department have developed a plan for improvement that includes actions such as;

- Implement homebirth workshop for community midwives to improve confidence in supporting women to choose homebirth
- Discussions regarding place of birth including homebirths to take place at each antenatal appointment
- Create 'Choice around place of birth' video
- Produce infographics about risk/benefits of induction to support discussions

National Patient Survey - Inpatientss

Key Facts:

- 597 Harrogate and District NHS Foundation Trust patients responded to the survey
- The response rate for Harrogate and District NHS Foundation Trust was 49.54%
- Time frame for responses was November 2023

The highest scoring question was:

- During your time in hospital, did you get enough to drink?
- 555 responded and we scored 9.7 which was somewhat better than 2022 - 9.6

The lowest scoring question was:

- During your hospital stay, were you given the opportunity to give your views on the quality of your care?
- 464 respondents and we scored 2.6 which was classed as somewhat worse than other organisations but was significantly higher than the 2022 questionnaire which flagged at 7%

The other question that flagged as an outlier was:

Were you able to take own medication when needed to? This dropped from 90% in 2022 to 84% in 2023

So what have we done?

Giving views during time in hospital:

- We have introduced an Accreditation Programme which has a key pillar of Patient Experience. We ask a wide range of patients about their experiences of care.
- We have commenced a Corporate Project on implementing a tool to capture real time patient information.
- We have looked at how we increase our response to the Friends and Family Test. This has included holding a pilot event focused on our KITE Values in our front entrance at Harrogate District Hospital as well as introducing QR codes to help make completing the survey easier. We have co-designed a child friendly version with the children and young people in our services.

Ability to take own medication:

- We have introduced a new self-medication policy which supports patients to take their own medication. A focus for 2025-26 will be on enhanced training across our acute site.

Other programmes of work linked to the survey include:

- Development of an Engagement Strategy that will focus on engaging with our patients and service users to enhance the quality of care provided and improve the experience our patients have.
- A Corporate Project on Discharge to improve the effectiveness and experience of the discharge process.
- A Corporate Project on our Bed Configuration to help ensure that our patients are in the most appropriate bed base.

Seven Day Services

Seven-day services in the NHS ensure all patients who are admitted to hospital as an emergency, receive high quality and consistent care no matter what day or time of the week they enter a hospital. The seven-day services programme is designed to improve hospital care with the introduction of seven-day Consultant-led services that are delivered consistently over the coming years.

Ten clinical standards for seven-day services in hospitals were developed in 2013 through the Seven Day Services Forum, chaired by Sir Bruce Keogh and involving a range of clinicians and patients. The standards were founded on published evidence and on the position of the Academy of Medical Royal Colleges (AoMRC) on consultant-delivered acute care. These standards define what seven-day services should achieve, no matter when or where patients are admitted.

To ensure our focus on seven day services, HDFT has developed an ambitious Clinical Services Strategy to support our delivery. A summary is provided below, with more detail available on our website.

HDFT Clinical Services Strategy

During 2023-24 HDFT has undertaken stakeholder engagement to create our new Clinical Services Strategy.



The strategy which is available on our website, has a key focus on the growth of the HDFT@Home Integrated Care Services and increased networked acute service to ensure resilience of our seven day services.



This section of the Quality Account provides an update on:

- Seven day services within the NHS,
- Patient Safety Incidents,
- Serious Incidents and Never Events,
- Duty of Candour,
- Patient Safety Alert Compliance,
- NHS Staff Survey Results,
- Whistleblowing, and
- Freedom to Speak Up.

Patient Safety Events

We are committed to identifying, reporting, and investigating incidents and ensuring that learning is shared across the organisation and actions to reduce the risk of reoccurrence are implemented effectively.

HDFT have focused the embedding of the new Patient Safety Incident Response Framework (PSIRF). This approach to incident investigation is focused on learning and findings from these reviews are feeding in to our quality improvement to embed learning at an Organisational level.

Indicator	Trust Performance
Total patient safety Events reported	10,836
Patient safety Event investigations (PSIIs) undertaken including Never Events	8
Other formal patient safety incident reviews	790

Key Achievements in 2024-25

- Developed review processes for patient safety incidents aligned to PSIRF.
- Dedicated role of a patient safety investigator
- Launch of the Safety and Learning Network
- Embedded the Trust's patient safety incident response plan, engaging with staff to ensure

Never Events

The NHS Never Events list provides an opportunity for commissioners, working in conjunction with trusts, to improve patient safety through greater focus, scrutiny, transparency, and accountability when serious patient safety events occur. Nationally the most reported Never Events relate to retained surgical items, wrong site surgery, and wrong implants.

We have reported four Never Events during 2024/25, three more than the previous year. Events were reported under the following categories:

- Retained foreign object following surgery
- Wrong site biopsy
- Wrong site procedure.

These Never Events were reviewed and investigated in line with our patient safety incident response plan. Learning from this investigation has been shared across the Trust.

Learning from Events

The Trust's Safety and Learning Network co-ordinates the dissemination of lessons learned from incidents and complaints across the organisation. Learning is shared through the publication of 'Quality Street News'.

During 2024-25 the function of the Network, and the way learning is shared has been re-considered and by engaging staff across all levels, the network ensures that valuable learnings are implemented and reflected upon effectively. This approach covers all safety events, from no or low harm to moderate and higher severity events, ensuring that no learning opportunity is overlooked.



The new HDFT intranet site contains our Quality Street Newsletter where all staff can access key updates and Learning Points.

Additionally, any immediate or urgent patient safety information is swiftly communicated through our internal patient safety alert process. These are sent to all relevant wards and departments within the Trust to ensure that staff are aware of these risks and any actions which needs to be addressed.

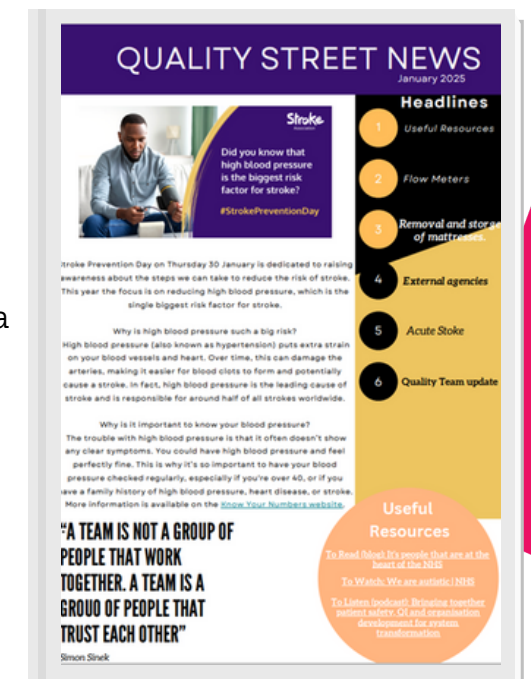
In 2024-25, the Trust continued a collaborative approach for shared learning across the Humber and North Yorkshire. The purpose of this group is to discuss common challenges relating to quality and safety, focusing on sharing key learning points arising from serious event and never event investigations.

Aims for 2025-2026

Conduct reviews of patient safety events in line with our Patient Safety Incident Response Plan.

Develop the Trust's second patient safety incident response plan, incorporating learning gained over the year and engagement from staff and patients to create a new plan for 2025-27.

Continued focus on our methods of sharing learning through the development of a dedicated lessons learned page on our Intranet page.



Duty of Candour

The Care Quality Commission (CQC) introduced the Duty of Candour regulation in November 2015. Duty of Candour sets out specific requirements that providers must follow when things go wrong with a patient's care and treatment. The requirements include truthfully informing people about the incident, providing an apology and providing feedback to patients following the investigation of the incident.

HDFT is committed to promoting an open and honest culture and staff are encouraged to report patient safety events that have occurred. Through the Datix (DCIQ) system, we have designed new monitoring processes to ensure statutory duty of candour is carried out effectively and in a timely way.

Over the course of the coming year, the Trust is committed to enhancing its focus on training and deepening knowledge of the Duty of Candour.

The number of events triggering statutory duty of candour was 90.

In 71 of these cases, the duty was followed.

In 10 cases the decision was made not to apply the duty of candour – the reasons for this have been documented and reviewed, all of which were appropriate. There are a number of reasons why duty of candour is not applied, for example the patient does not wish to receive an apology.

Nine cases are still in the process of being reviewed and completed.



Patient Safety Alerts Compliance

Patient safety alerts are used to inform the healthcare system of recognised safety risks and offer appropriate guidance for the prevention of incidents that may result in severe harm or death to patients.

These alerts are issued by NHS England through the Central Alerting System (CAS) which is a web-based cascade tool utilised for issuing alerts, public health messages and useful safety information to the NHS and other healthcare organisations. Patient safety alerts are developed with input, advice and guidance from the National Patient Safety Response Advisory Panel, which assembles frontline healthcare staff, patients and their families, safety experts, Royal Colleges and other professional and national bodies. The panel discuss and advise on approaches to respond to patient safety issues through the publication of alerts which are identified through the clinical review of incidents reported to the NRLS by NHS Trust and other health care providers and also from concerns raised by members of the public.

Alerts can also be issued where there is a common problem occurring throughout the NHS and can be an important part of a wider programme of work. Systems and equipment are commonly subject to patient safety alerts where there are recognised errors or faults and would therefore require action to be taken to reduce the risk to patient safety.

What has 2024-25 looked like for Patient Safety Alerts at HDFT?

Coordination of patient safety alerts is carried out by the Patient Safety Team (part of the Quality Team) who work with various Trust departments and Directorates to facilitate compliance, and monitor on-going work or action plans used to address the issues raised.

The Trust has implemented a new streamlined process relating to Patient Safety Alerts. All alerts are now captured and monitored through the Datix Reporting System.

The Trust received 9 NatPSAs within 24/25:

- NatPSA/2024/004/MHRA – Reducing risk for transfusion associated circulatory overload.
- NatPSA/2024/005/MVA – Shortage of Erelzi (etanercept) 50mg solution for infection in pre-filled pen
- NatPSA/2024/006/DHSC – Shortage of Orencia Clickject (abatacept) 125mg/1ml solution for injection pre filled pens (not applicable)
- NatPSA/2024/007/DHSC – Shortage of Pancreatic Enzyme Replacement Therapy (PERT)
- NatPSA/2024/008/DHSC – Shortage of Kay-Cee-L (potassium chloride 375mg/5ml) (potassium chloride 5mmol/5ml) syrup
- NatPSA/2024/009/DHSC – Shortage of Human Albumin 4.5% and 5% dose vials
- NatPSA/2024/010/NHSPS – Risk of Oxytocin Overdose during childbirth and labour
- NatPSA/2024/011/DHSC
- NatPSA/2024/012/DHSC – shortage of Molybdenum-99 Technetium 99m generators
- NatPSA/2024/013/DHSC – Shortage of Pancreatic Enzyme Replacement Therapy (PERT) – Additional Actions

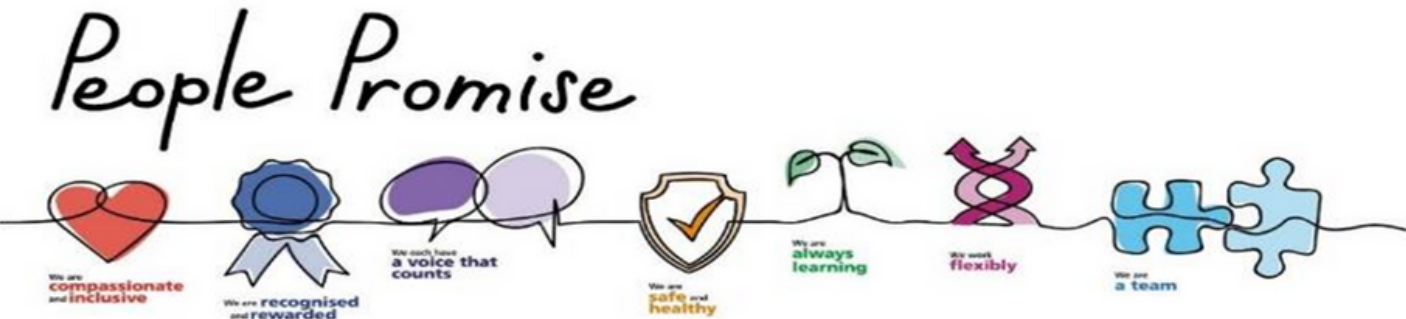
For these alerts, the actions were completed within the required timescale, and appropriately overseen by the relevant governance groups.

NHS Staff Survey Results

The NHS Staff Survey is one of the largest workforce surveys and has been conducted every year since 2003. All staff working in the NHS are invited to take part in the NHS Staff Survey. The survey offers a snapshot in time of how people experience their working lives and information is gathered at the same time each year. The survey captures a national picture alongside local detail, enabling organisations to understand what it is like for staff across different parts of the NHS and to support further improvements.

Themes

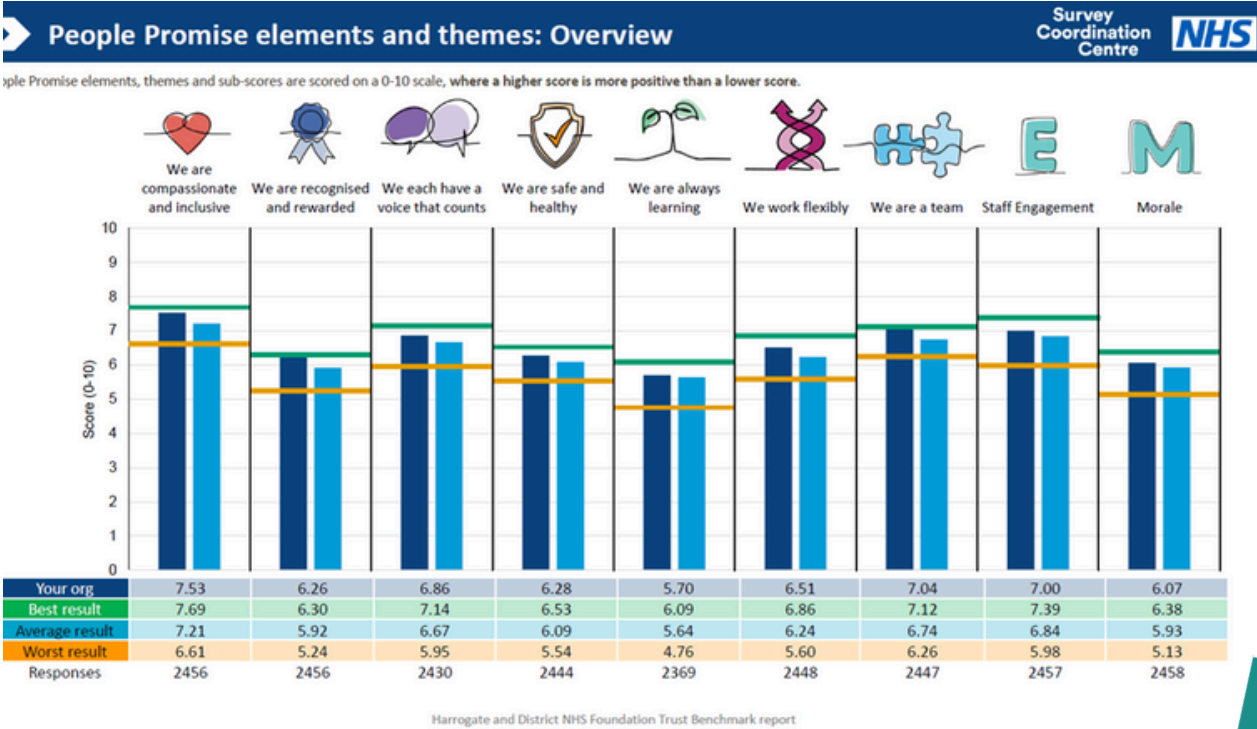
The NHS staff survey is conducted annually. The questions asked in the survey align to the seven elements of the NHS 'People Promise', and the two themes of Staff Engagement and Morale. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.



What has 2024-25 looked like for the NHS Staff Survey at HDFT?

The response rate to the 2024-25 survey among trust staff was 48.7%, a 3% increase compared with the 2023/24 survey.

The HDFT scores for the 7 People Promises and 2 Themes are compared with the benchmark group of Acute and Acute & Community Trusts, and are presented in the table below:



The Trust has scored higher than the average scores of its benchmarked group in each of the People Promises and Themes, and has broadly sustained its scores compared to last year.

Areas to Celebrate

- HDFT remains better than benchmark average in its Staff Engagement. One of the subscores of Staff Engagement is "Advocacy", and HDFT respondents report significantly better scores than sector in recommending HDFT both as a place to work, and to receive treatment.
- Questions relating to line managers all score significantly better than the sector indicating a relative strength within HDFT. For example the support received by line managers.
- Scores for questions relating to organisational support for home life balance and flexible working have all increased and are above the benchmarking group average.

Areas to Work On

- Another subscore of Staff Engagement is "Involvement". HDFT scores on questions informing this subscore (opportunities to show initiative, ability to suggest / make improvements) have significantly declined since 2023/24 indicating an area requiring further exploration to understand the causes for this sentiment.
- Scores on questions about the quality of appraisals remain below the sector average, indicating an area requiring focus.
- Continue the work to improve the lived experience of colleagues reporting a disability or long-term condition (LTC).

Priorities and Targets for the Future

The key priority areas arising from the 2024 NHS Staff Survey results include finalising the review of, piloting and implementing the non-medical appraisal process to incorporate specific reference to the Trust Strategy and True North Ambitions. This will include continued focus on increasing appraisal compliance.

Another priority area is to continue with the initiatives to support colleagues reporting disabilities / LTCs. This include widening the use of the Reasonable Adjustments Passport, running a Reciprocal Mentoring Programme for staff with disabilities / LTCs, and develop an Access to Work Policy.



Whistleblowing

Whistleblowing occurs ‘when a worker raises a concern about dangerous or illegal activity that they are aware of through their work’ (Public Concern at Work). A ‘protected disclosure’ is one where a worker must have a reasonable belief and in good faith believes that their disclosure is in the public interest.

What has 2024-25 looked like for Whistleblowing at HDFT?

HDFT is committed to achieving the highest possible standards of quality, honesty, openness and accountability in all of our practices. An important aspect of accountability and openness is a mechanism to enable employees, workers and volunteers to voice their concerns in a responsible and effective manner and for them to feel valued for doing so.

Confidentiality is a fundamental term of every contract of employment, however, where an individual discovers information which they believe shows serious malpractice or wrongdoing within the Trust, this information should be disclosed without fear of reprisal. To qualify for the protection (a ‘qualified disclosure’) afforded by The Public Interest Disclosure Act 1998, staff must have a reasonable belief that one or more of the following matters is either happening, has taken place or is likely to happen in the future:

- A criminal offence,
- The breach of a legal obligation,
- A miscarriage of justice,
- A danger to the health and safety of any individual,
- Damage to the environment,
- Deliberate attempt to conceal any of the above.

In addition to the legal framework, in 2010 the NHS Staff Council agreed that ‘Employees in the NHS have a contractual right and duty to raise genuine concerns they have with their employer about malpractice, patient safety, financial impropriety or any other serious risk they consider to be in the public interest’. This change has been incorporated into the Terms and Conditions of Service Handbook for staff employees.

The Francis Report ‘Freedom to Speak Up – A review of whistleblowing in the NHS’ published in February 2015, clearly indicated that NHS staff did not feel safe raising their concerns about patient care that was being delivered. A key theme of the report was the requirement for openness, transparency and candour about matters of concern; the need for a ‘just culture’ as opposed to a ‘no blame culture’. Sir Francis also recommended the introduction of a ‘Freedom to Speak Up Guardian’ post as an additional person staff can raise concerns with and HDFT has enhanced this role in 2024-25 leading to a focused review of areas for improvement in 2025-26.

At HDFT we have a wide range of avenues for colleagues to raise their concerns:

- DATIX (Incident Reporting tool),
- Line Manager,
- Lead Clinician,
- Matron,
- Staff Side Representative,
- Human Resources,
- Occupational Health,
- Chaplains,
- Freedom to Speak Up Guardian,
- Guardian of Safe Working,
- Associate Director of Quality and Corporate Affairs, and
- Safeguarding Team.

Concerns may also be raised to the next level of management; for example:

- A member of a Directorate Triumvirate,
- A Deputy/Assistant Director,
- A Care Group General Manager/ Nurse/Clinical Lead,
- Heads of Service,
- An Executive Director,
- The Chief Executive, and
- A Non-Executive Director (NED) – the Senior Independent Director (Laura Robson) in particular has a role to support staff who need to utilise the whistleblowing process.

If colleagues feel unable to report at any of these levels for any reason, or feel their concerns have not been addressed adequately at an earlier level, they may choose to report their concerns externally. Concerns may be raised with an external regulatory body (which includes prescribed bodies or persons).

Freedom to Speak Up

The National Guardian's Office and the role of the Freedom to Speak Up (FTSU) Guardian were created in response to recommendations made in Sir Robert Francis' report "The Freedom to Speak Up" (2015). These recommendations were made as Sir Francis found that NHS culture did not always encourage or support workers to speak up, and that patients and workers suffered as a result. The ambition across the NHS is to effect the cultural change that ensures speaking up becomes business as usual.

Introduction

At HDFT, our Freedom to Speak Up Guardian works alongside existing systems and processes for staff to raise concerns e.g. directly with Managers, Lead Clinicians or Tutors, to other departments e.g. Human Resources, Risk Management, or to other staff e.g. Staff Governors, Chaplains, Trade Union representatives, executive or non-executive Directors. The Freedom to Speak Up Team provide advice and support to staff who raise concerns, work to support a culture of speaking up, providing challenge where required.

What were we aiming to achieve?

At HDFT we aim to make it as easy as possible for every colleague to speak up safely when they want to raise a concern that they do not feel they can do through the usual methods of speaking to their line manager. We aim for speaking up to be business as usual at HDFT and to have Fairness Champions in each clinical and non-clinical area to support with signposting and championing speaking up. We aim for colleagues and ex-colleagues, whether employed directly or as contractors, students or volunteers to be able to speak up about anything that gets in the way of doing a good job.

What have we done?

We have continued to embed the Freedom to Speak Up values of courage, impartiality, empathy and learning into our shared understanding of the key elements of a fair, just and safe culture, which are:

1. Fairness, compassion and psychological safety: ensuring each individual knows they will be treated fairly and compassionately by the organisation if things go wrong or they speak up to stop problems occurring,
2. Diversity, inclusivity, trust and respect: ensuring people are treated fairly regardless of ethnicity, gender, disability or other characteristic,
3. Speaking up and listening: ensuring speaking up about concerns, events, errors or poor behaviour is welcomed, and seen not just as safe, but the right thing to do,
4. Leadership and teamwork: ensuring supportive, effective and ideally multidisciplinary teamwork alongside compassionate and collective leadership to reinforce a sense of care and belonging, a culture of honesty, authenticity and safe conflict,
5. Trust Values and behaviours: ensuring we promote and expect positive behaviours that improve patient safety and colleague experience, and that behaviour which is at odds with our values is called out and challenged,
6. Open to learning and improvement: ensuring that when things go wrong there is focus on no blame, a just culture, an understanding of human factors, supporting staff, and learning.

Over the last year we have trained 4 additional Fairness Champions across the organisation and have confirmed ongoing commitment from the existing Champions, with 10 Champions currently within the induction process.

The National Guardian Office's training "Speak Up" for all colleagues employed by the organisation, "Listen Up" for all leaders and Fairness Champions and "Follow Up" for all senior management has been rolled out as a 'role based' requirement for all staff members Trust-wide to complete.

Freedom To Speak up Guardian attendance at Trust-wide events, forums, training and activities such as Team Talk, Trust Induction, Pathway to Management training, staff meetings and Well Being Event Days to increase engagement with and awareness of Freedom to Speak Up continues to be a regular occurrence and well received.

Summary

A culture that inhibits speaking up because of recrimination and blame acts as a significant barrier to staff wellbeing and patient safety. The work to promote a fair, just and safe culture is focused on ensuring our Leaders and Managers create positive, supportive environments for all colleagues, knowing that they will then create caring, supportive environments and deliver high quality care for patients. We must promote and expect positive behaviours that improve patient safety and staff experience, constructively challenging behaviour that is at odds with our values to enable people to learn about the impact of their words or actions. All colleagues need to be confident that they will be treated fairly and compassionately, and that speaking up about concerns, events, errors or poor behaviour is welcomed, the right thing to do and an opportunity to learn. We must continue to train colleagues to be positive and compassionate leaders and effective members of teams, where they can reinforce a culture of honesty, authenticity and safe conflict. We continue on a journey towards ensuring all of our staff work in positive and supportive environments that enable them to deliver the highest quality of care for our patients.





Statements of Assurance from the Board

This section of the Quality Account provides an update on:

- A Review of Services,
- Participation in Clinical Audits,
- Participation in Clinical Research,
- Digital Innovation,
- What others say about the Trust: CQC,
- Secondary Uses Service,
- Information Governance,
- Payment by Results Clinical Coding Audit,
- Learning from Deaths Update, and
- Reporting Against Core Indicators.

Review of Services

Throughout 2024-25, HDFT provided 53 relevant healthcare services across a geographical footprint from Northumberland, down to Wakefield as well as within the local North Yorkshire and surrounding areas. This figure includes those services provided as part of the ICB Acute and Community Contracts. Contract reviews take place to ensure delivery of service meets the needs of the children, young people, families and service users.

The income generated by the relevant health services reviewed in 2024-25 represents 99% of the total income generated from the provision of relevant health services by HDFT for 2024. -25.

Clinical Audit

A clinical audit is a way to find out if healthcare is being provided in line with standards. This informs care providers and patients where services are doing well and where improvements could be made. The aim is to allow quality improvement to take place where it will be most effective and improve outcomes for patients. Clinical audits can look at care both nationwide via National audits; and locally where healthcare is provided via local audits.

What has 2024-25 looked like for Clinical Audit at HDFT?

National Audits

During 2024-25, 51 National Clinical Audits and 4 national confidential enquiry and clinical outcome review programmes (3 individual topics) covered relevant health services that HDFT provides.

During that period, HDFT participated in 98% of National Clinical Audit programmes and 100% of national confidential enquiries which were open and it was eligible to participate in.

To provide further context, there were 32 mandatory audit programmes on the National Clinical Audit and Patient Outcome Programme (NCAPOP), 25 of which were relevant to HDFT. The trust participated in all of the open NCAPOP programmes which it was eligible to participate in.

There were also 26 non-NCAPOP audits listed, 13 of which were relevant to HDFT: The trust participated in 11 of the open non-NCAPOP programmes which it was eligible to do so.

The National Clinical Audits and national confidential enquiries that HDFT participated in, and for which data collection was completed during 2024-25 are listed in the Annex 3, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of 54 National Clinical Audits and studies and 3 NCEPOD reports were reviewed by HDFT during 2024-25. This included national audits for which data was collected in earlier years with the resultant report being published in 2024-25. In response to the findings, quality improvement actions have been identified, monitored and completed to improve the safety and quality of healthcare provide by HDFT.

Local Audits

During 2024-25 a Trust-wide clinical audit programme was completed. This focused on the high priority areas for the Trust in order to provide assurance through the governance structure. The audits included in the programme were aligned to:

- Regulatory requirements
- Clinical Policy monitoring requirements
- Compliance with best practice guidance
- HDFT Quality & Safety priorities
- HDFT Clinical Strategy

The reports of 39 local projects (clinical audits, service evaluations and staff surveys) were completed and reviewed by relevant audit or governance groups at HDFT during 2024-25 and HDFT intends to take the relevant actions to improve the quality of healthcare provided.

Examples of Quality Improvement as a result of local clinical effectiveness projects:

Local Audit 1: Orthopaedic Operation Notes Audit

This audit assessed the quality of orthopaedic operative notes at HDH against the standards set out by the Royal College of Surgeons (RCA) and British Orthopaedic Association (BOA). The auditor (a junior in orthopaedic surgery) noted that clear and detailed operation notes allowed them to provide better patient care.

Two cycles of the audit were undertaken in 2024 (April and September), with 60 sets of notes reviewed in each cycle.

Standards, Criteria and Expected Performance of the Audit

The audit evaluated operation notes against 19 parameters derived from RCA and BOA Standards, with expected performance of 100% for all criteria. In addition to the criteria given in the results table below, the audit evaluated:

- Name of the theatre anaesthetist, operating surgeon and assistant
- Procedure carried out, diagnosis, any extra procedures performed
- Details of tissue removed, added or altered
- Identification of any prosthesis used
- Detailed post-operative care instructions, weight-bearing status and follow-up

Results

The table below shows audit criteria where performance in Cycle 1 was <85%.

Criteria	Expected level of Performance	Actual level of performance	
		Cycle 1	Cycle 2
Notes typed	100%	83.3%	93.3%
Completeness of notes	100%	82.6%	92.7%
Elective / emergency procedure	100%	78.3%	98.3%
Operative findings	100%	36.7%	98.3%
Tourniquet details (time and pressure)	100%	64.7%	83.7%
Anticipated blood loss (WHO checklist)	100%	30.0%	46.7%
Antibiotic prophylaxis (where applicable)	100%	89.1%	78.9%

Actions from Cycle 1 included:

- encouragement to use typed notes using a specific template on WebV
- memory aides in main theatres highlighting frequent omissions
- improvements made to the WebV operation note template
- changing the criteria for "anticipated blood loss"

Conclusions

- Typed notes are more complete
- The use of a proforma with compulsory parameters leads to fewer omissions
- Memory aids and education have a positive impact on the completeness of operative notes

It is hoped to re-audit in 2025 to assess whether the improvements seen during the audit cycle have created longstanding change in practice.

Local Audit 2: Artificial Intelligence (AI) Fracture Detection on X-Ray Imaging

Over the past year AI fracture detection has been applied to X-ray imaging in HDFT. The audit reviewed 1000 X-rays taken during August 2024 on patients who received X-ray imaging on which AI fracture detection was applied. There was no age limitation. For each radiograph, the number of AI-detected fracture, number of human-reported fractures and concordance was reported.

Aims and objectives of the Audit

- explore the performance of AI software
- evaluate how well AI fracture detection concurs with final human report
- identify whether certain procedure types or age ranges are more likely to result in false positive/negative fractures on AI detection

Results

Concordance	Number (n=1000)	Percentage
Complete agreement	911	91.1%
False positive AI-detection	46	4.6%
False negative AI-detection	20	2.0%
Partial agreement	23	2.3%

- In cases where AI identified a true fracture, AI identified the site correctly in 270 cases (98.9%) and false in 3 cases (1.1%)
- Out of 49 cases of true multiple fractures, 46 had full concordance (93.9%)

Conclusions

- High level of full concordance of AI fracture detection with human report

- High level of complete concordance for cases with multiple true fractures
 - False positive AI-detection more likely in foot, hip and ankle
 - False negative AI-detection more likely in wrist, pelvis and fingers
 - Partial agreement more likely in ankle and wrist
 - False positives more common in paediatric imaging (0-17 years)
 - False negatives and partial agreement more common in elderly imaging (75+ years)
 - Increased awareness and vigilance needed when reporting procedures which are more likely to have false positive/negative AI-detection
- Continue to use AI-detection as an adjunct to human reporting

Clinical Research

Clinical research is an arm of medical science that establishes the safety and effectiveness of Medication, Diagnostics products, Medical devices and Treatment regimes which may be used for prevention, treatment, diagnosis or relieving symptoms of a disease.

Introduction: Clinical Research at Harrogate and District NHS Foundation Trust (HDFT).

The delivery of Research and Innovation (R&I) throughout the trust is an integral part of HDFT's Clinical Services Strategy and considered key to improving the quality of care for all patients. The many benefits of Research and Innovation are recognised and embraced by the trust as a means of preventing disease, providing novel treatments, improving the quality and care systems for patients and relatives, reducing trust mortality rates as well as improving the retention and recruitment of the workforce through provision of developmental opportunities which results in high levels of job satisfaction.

Through research the trust has enabled earlier diagnosis of disease, prevention of ill health, provided better outcomes for patients and faster returns to everyday life.

The last year has seen clear commitment from the trust executive to enable growth in research and innovation aligned to strategic objectives and the clinical strategy. As the largest UK population of 0-19 services, expanding capacity and aiming to deliver early life and children's population research has been a focus. Increasing opportunities to engage and deliver commercial research has also been a key element.

The trust has enabled growth of these activities by identifying estate to house a new innovation hub and to develop a dedicated clinical research facility. Investment has also included support for enhanced staff infrastructure including clinical new leadership roles in research and innovation and an innovation facilitator.



HDFT's New Innovation Hub

Effective services:

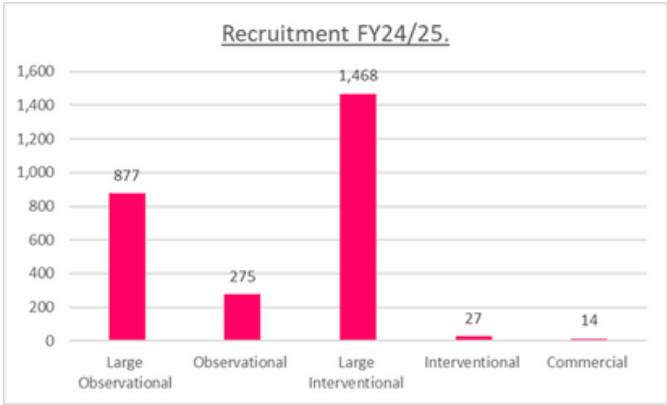
Research performance against high level objectives 2024-2025 at HDFT

From April 2024 to March 2025 the trust had 71 studies open or in follow up. This included 4 commercial studies and 42 non-commercial studies. An additional 25 studies remain in long term follow up.

HDFT had an overall annual recruitment target of 2,002 as of 4th February the number of participants given opportunity and recruited into high quality research studies was 2,527. to be part of research representing a huge achievement by the research teams within the organisation.

	Current Figures	Target for 2024-25
Recruitment	2,527	2,002
Recruitment to time and target (HLO)	98%	95%
Number of research study specialists	11	n/a
Commercial studies open (target to increase by 10%)	3	n/a
Non-commercial studies open	28	n/a

Based on the number of participants recruited into research trials, HDFT was ranked in 8th position out of 24 NHS partner organisations in Yorkshire and Humber. This is an improved position from last year in which the trust was ranked 10th. The portfolio was balanced in terms of observational and interventional studies.



One of the contractual targets set by our main funding partner the Yorkshire and Humber Regional Research Delivery Network (Y&HRRDN), on behalf of the National Institute for Health Research (NIHR) was to ensure we recruited the agreed number of participants into each trial we opened at HDFT in the timeframe we were given.

The target set for all trusts was to have 80% of commercial and non-commercial trials recruited to time and target. The chart below shows that 41 of our 42 trials have been on target which translates to 98% of HDFT studies reaching this target.



This year, 50 Clinicians/Allied Health Professionals (AHPs) have worked on or led research studies alongside a team of 29 dedicated specialist research delivery staff. The research delivery team consists of Research Nurses, Administrative / Governance Staff, Clinical Trials Assistants and a Research Practitioner who work alongside dedicated research support teams in the lab and pharmacy.

As a partner organisation of the Yorkshire and Humber Research Delivery Network the trust were commended in their annual performance review conducted 17th January 2025.

Safe services: Research governance and safety of delivering clinical research trials at HDFT

The medical director is the executive lead for R&I. This year she has had support from the executive team to expand clinical leadership in support of delivering the trust strategic research objectives and embedding research as part of every-day care.

Research conducted at HDFT remains fully compliant with the UK Policy Framework for Health and Social Care Research Standards. All trials are risk assessed whilst in set-up, with the relevant Health Research Authority Approvals secured. Contractual agreements between the trial sponsor and the trust ensure all responsibilities are explicit, with indemnities and financial arrangements agreed before the trial commences. Internally, within the R&I Department, there are established systems and processes to ensure quality assurance, with the team continuing to comply with the external audit of 2021/22. Additionally, all trials are externally monitored regularly by trial sponsors.

All staff working on research at HDFT have a duty to comply with the NIHR Good Clinical Practice (GCP) Framework. Records of competence are collated by the R&I Department and additional competency monitoring is undertaken utilising a competence framework. Compliance achieved 100% in 2024-2025.

The research department reports its risks via the normal trust Datix system and these are collated and reviewed by the management team for reoccurring patterns and key learning outcomes. To date no Datix has been reported in the last year that has caused patient harm. All learning from events is shared regularly with the team and the team contribute to find ways forward to ensure no repeats of events. Department risks are reported monthly to the 'research and innovation management group' and these in turn, if significant are escalated to the Innovation sub board committee.

Caring Services: Patient and Public Involvement, Experience and Caring

Each year the research department actively seeks feedback from patients involved in research at HDFT through the Participant in Research Survey (PRES). This data is entered into the National Institute for Health Participant in research database.

The National Institute for Health Research and Social Care (NIHR) sets a target for HDFT to secure survey responses from research participants each year. HDFT had a target of 60, this target was achieved and results reflected a high level of patient satisfaction with the research services provided.

All feedback from the patient survey is fed back to individual teams and any issues considered for change. This year we have received only one patient informal complaint directly related to research. Both the research team and clinical teams worked together to resolve the issue and also the patient was directed to our patient experience team. The issue has now been resolved.

Quotes from research participants are included below:



Responsive research portfolio.

The trust provides opportunity for participants across many specialties to engage in research and has particular strengths in aging, musculoskeletal, cancer, dermatology, dementia neurology and gastroenterology. These specialties conduct high quality commercial and non-commercial studies in response to the NIHR portfolio.

Recruitment by Speciality (2024-25)	Accruals
Ageing	1,315
Public Health	765
MSK	167
Cancer	140
Dermatology	73
Dementia and Neuro	27
Gastro	15
Hepatology	2

HDFT work closely with the Yorkshire and Humber RRDN (Regional Research Delivery Network) as a partner organisation and have been responsive to developing and supporting opportunities that align with the national prerogatives to increase life sciences, public health and social care research.

Examples of the value and impact of studies

A few of HDFT's most impactful studies are illustrated below to show the immense value of research enhancing the wellbeing of the population HDFT serves.

PUBLIC HEALTH RESEARCH: Born and Bred

Born and Bred in Harrogate (BaBi Harrogate) is an extension of the larger Born in Bradford study and represents a data linkage study designed to inform how families in the local area and beyond can live healthier, happier lives; This enables HDFT to deliver the vision of supporting children to have a great start in life and the project should also enable better understanding about the regional population served and facilitate evidence-based decisions about future care and future funding, ultimately improving outcomes for our region's families.



BaBi Harrogate has already seen significant success and had impact::

- About to celebrate one year of BaBi at HDFT!
- The future potential impact of the study has been very well-received by women and families, leading to excellent participation figures
- Currently 834 recruits, 303 of whom are babies born to consented mothers
- Raised the profile of research throughout the maternity department
- 33 Community Midwives trained to discuss, offer and obtain consent for BaBi, giving them the opportunity to fulfil the research component of their code of practice.
- BaBi is now part of the Maternity Strategy, will be rolled out in all midwives' mandatory training, and preceptorship training
- A new Research Midwife, has been recruited to work alongside existing Research Midwife
- Data Prioritisation Meeting was organised for March 25 where interested professionals and service users came together to help identify and prioritise local children and young people research priorities

CRASH-4:

The CRASH-4 trial is an international, double-blind, placebo-controlled study aiming to assess the effect of tranexamic acid (TXA) on mortality and disability in patients with traumatic brain injury (TBI). TBI affects over 10 million people globally, often resulting in long-term disability. TXA, commonly used in surgery to reduce bleeding, has shown promise in preventing intracranial bleeding in TBI patients. The study aims to recruit 5000 patients nationally, with 7 recruited so far at HDFT.

The CHARMER study focuses on proactive deprescribing of medicines in older adults, aiming to evaluate the effectiveness and cost-effectiveness of this intervention in hospitals. Previous research indicated that patients prefer their medications to be reviewed and potentially stopped during hospital stays to prevent harm.

Anecdotal evidence during the trial have shown Doctors and Pharmacists spending more time spent holding the Deprescribing conversations, however in times when workloads increased these conversations reduced significantly.



MSK RESEARCH – MOOSE Study

The MOOSE study investigates whether methotrexate injections are more effective and cost-efficient than tablets for treating rheumatoid arthritis (RA). Methotrexate is typically prescribed as weekly tablets, but injections may be used if side effects occur. The study, designed to follow standard clinical practice, aims to determine the best initial treatment option. The MOOSE team is working with NICE and the British Rheumatology Society to update national guidelines. Feedback from patients and clinical staff has been positive, with improvements in pain and health reported.

CANCER RESEARCH:

The Cancer Research Team at HDFT has excelled in recruitment for several studies, including the Rapid Diagnostic Centre Biomarker Study and the Yorkshire Bowel Cancer Improvement Study. They have also exceeded expectations in the National Breast Cancer Trial, POETIC-A Trial.

Value and impact of research for cancer

Standard cancer pathways have benefited from research, as evidenced by advancements in histopathology procedures, such as the introduction of in-house mismatch repair (MMR) testing, which has reduced turnaround times by 50% and enabled more prompt decisions regarding pre-operative systemic therapy for all patients.

Additionally, HDFT are supporting the Cancer Vaccine Launch Pad (CVLP), which offers eligible patients the opportunity to be evaluated for customized cancer vaccines utilising mRNA technology, which was first introduced during the COVID-19 pandemic. In ensuring the eligibility to participate, HDFT assisted in resolving a persistent problem regarding sample fixation times from theatres, which will yield more accurate results and benefit all patients.

Growing our 0-19 children and young people research capacity.

A dedicated 0-19/AHP research practitioner has been recruited to enhance the trust's ambition of leading in children and young people's research. Initial efforts have focused on connecting with local and regional teams, establishing representation at various meetings, and developing research pathways within 0-19 services.

The R&I team have engaged with ARC (Applied Research Collaborative) to build future collaborations and from this, have joined the ARC Best Start Group; this is comprised of practitioners, clinicians, commissioners, and researchers across Yorkshire and Humber. Other work includes supporting the launch of the SOcial Care Rapid evAluation (SOCRATES) programme (Kings College London) which will conduct a rapid evaluation of information sharing about fathers within Northumberland with the view to informing future practice in this area. We are currently in conversation with the project leads for Healthy Places (Chris Cartwright from Bradford) to explore how HDFT can become involved in this work, to help shape future practice to meet the needs of our children and families. Similarly, we have engaged with the Centre for Addiction and Mental Health Research (CAMHR) and have joined the stakeholder group led by Prof Tom Philips from the University of Hull to explore co-working in the area of mental health and addiction on a study looking at improving pathways and outcomes for people 10-18 with substance use disorders and mental health problems.

Other streams of work include supporting the co-ordination and planning of our inaugural BaBi Harrogate workshop which took place on March 4th.

Led by a non-medical Principal Investigator (PI) the Harrogate BaBi study enables local families and babies to have a great start in life and achieve our vision to develop services that best meet the needs of our children and young people through evidence-based research



Supporting colleagues through mentoring and guidance has increased awareness and engagement within research practice. A recent example is supporting 0-19 colleagues to develop a local housing project initiative. This work could be translated into a research study, with the vision of generating a best practice model. The results of this work have the potential to be up scaled and become a national blueprint for this field.

By focusing on education and workforce development the post holder has helped grow research capacity and capability within our 0-19 and AHP communities. Preceptorship training is an important metric to demonstrate increased knowledge and awareness of research. Current activity includes developing a bespoke AHP research preceptorship offer.

By a collaboration with our learning and development team, we aim to ensure that key research learning such as GCP and Fundamentals of Research will become accessible through HDFT's learning platform. This learning will be a reported research metric demonstrating growth in the knowledge of research delivery across our workforce. It is envisaged that this will support workplace satisfaction and retention through the integration of research within day-to-day clinical practice.

Alongside this, we are working to optimise partnership working with external university colleagues to develop and pilot a local research internship. We have already agreed this concept in principle, partnering with Prof Garry Tew at York St John University. The attainment of agreed research competencies will demonstrate the acquisition of new knowledge, skills and behaviours within the workplace. It is envisaged that this pilot will subsequently be scaled up over time.

Research collaboration, successes and opportunity for learning

This year has given opportunity to collaborate with partners across the region through the WYAAT collaborative to consider how to improve research participation in underrepresented communities, engage all healthcare professional and embed research in every day clinical practice. HDFT has also engaged with academic partners including University of York, Leeds Beckett University, University of Leeds and University of Bradford.

Developing academic links and partnerships inevitably allows for learning and opportunities to improve research delivery and quality of care.

Nicky Hollowood, Point of Care Team Manager at HDFT was awarded a Healthcare Science Innovation Fellowship this year. The project aimed at reducing health inequalities, is run by NHS England in partnership with the National School of Healthcare Science, Health Education and Improvement Wales, the Academy for Healthcare Science, Healthcare Science Cymru, and the National Institute for Health and Care Research Devices for Dignity MedTech Co-operative.

The radiology department secured a major NIHR capital award of £1.4m for a new MRI which will be dedicated for at least 50% of the time to deliver research. This provides opportunity to develop a robust research strategy for imaging, establishing and forging new links with the Universities of York, Leeds, Manchester and Oxford. This increased MRI capacity and dedicated time allocated for onsite research provides opportunity to further develop MRI based AI. The radiology team have already produced MR machine learning models for torn meniscal cartilages and body composition analysis and has established close research links with the Universities of Leeds, Manchester and Oxford. This exciting development has also identified potential research collaborations through the neuroimaging centre at the University of York, such as establishing how to better predict cognitive difficulties or to stratify patients for treatments including cancer therapies.

The Dermatology team at HDFT has engaged closely with the new Skin Research Centre which is supported by Hull York Medical School (HYMS) at the University of York. HYMS have supported 2 Academic Clinical Fellows in Dermatology, who will be conducting their research at HDFT in collaboration with the Skin Research Centre. Further research engagement with the UoY across dermatology includes development of research projects and grants with the department of engineering, health sciences and the mental health institute.

Innovation at HDFT

The Innovation Team, consisting of Clinical Lead for Innovation, Innovation Champion and Innovation, continue to work towards the Trust's ambition to become a leading trust for healthcare innovation and a test bed for novel approaches.

Over 15 innovation projects are being supported across each part of the innovation pathway from idea to adoption. Five of these projects are innovation ideas that have been generated by staff at HDFT, including urological and blood transfusion medical devices, and an application to support patients on the asthma pathway.

Throughout this work, governance processes have been established to support the safe and successful development and adoption of health innovations. A new process for adopting New Interventional Procedures.

Procedures, such as medical devices, have been approved and a policy for the management of intellectual property is in place. Furthermore, new procedures and governance processes to support this pathway are being developed as new internal innovations are being developed.

Numerous key working relationships have been formed with other healthcare organisations, academia, industry and other important stakeholders. The innovation team have been working closely with NHS Trusts and other healthcare organisations across the region, including WYAAT and Humber North Yorkshire ICB, to share knowledge and best practice, and to streamline innovation processes between trusts to facilitate the spread of innovative healthcare solutions across the region.

Partnerships are being formed with several groups at the University of York to help support the development of innovative health technologies, including new ultrasound technologies, devices for monitoring patients and tele-counselling to help reduce loneliness in elderly patients. The team are also collaborating with several commercial organisations, such as B Braun, Microsoft, BT Healthcare and Visfo, to bring important new technologies into the Trust and co-develop new innovations providing novel solutions to clinical problems.

An important objective of the Innovation Team is development of workforce and creating a culture of innovation in the Trust. Two in-depth training programmes have been delivered to 19 members of HDFT staff over the past year in partnership with Leeds, Bradford and Mid-Yorks NHS Trusts and Medipex and Health Innovation Yorkshire and Humber. Plans are in place to deliver more frequent short, introduction to innovation sessions followed by more in-depth training tailored for colleagues with innovation ideas they hope to develop.

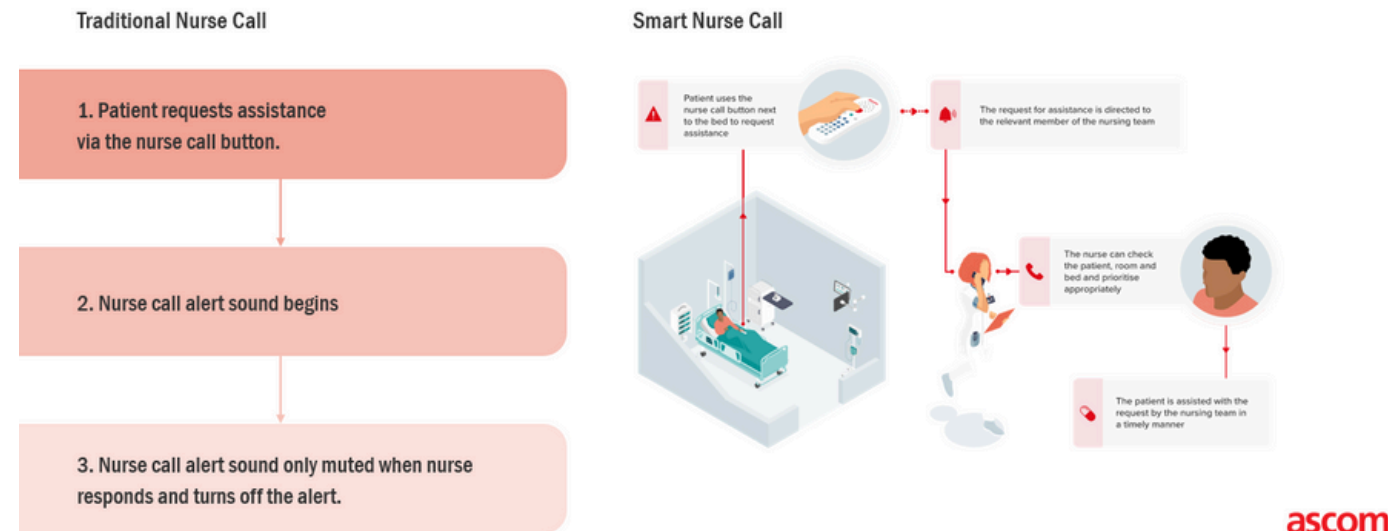
A new Clinical Entrepreneur Fellow scheme has been introduced to the Trust by the Innovation Team, the first of its kind in the UK. The scheme gives 3 x FY1 doctors dedicated time to work on entrepreneurial/innovation projects as part of their training. Three Innovation Mentors have been appointed to supervise the fellows, and the scheme is overseen by the Innovation Champion and Clinical Lead for Innovation. Over the past 6 months, the fellows have conducted internal innovation projects, including a system to develop a penicillin allergy de-labelling pathway and AI in radiology, worked with industry partners and undertaken innovation training courses.



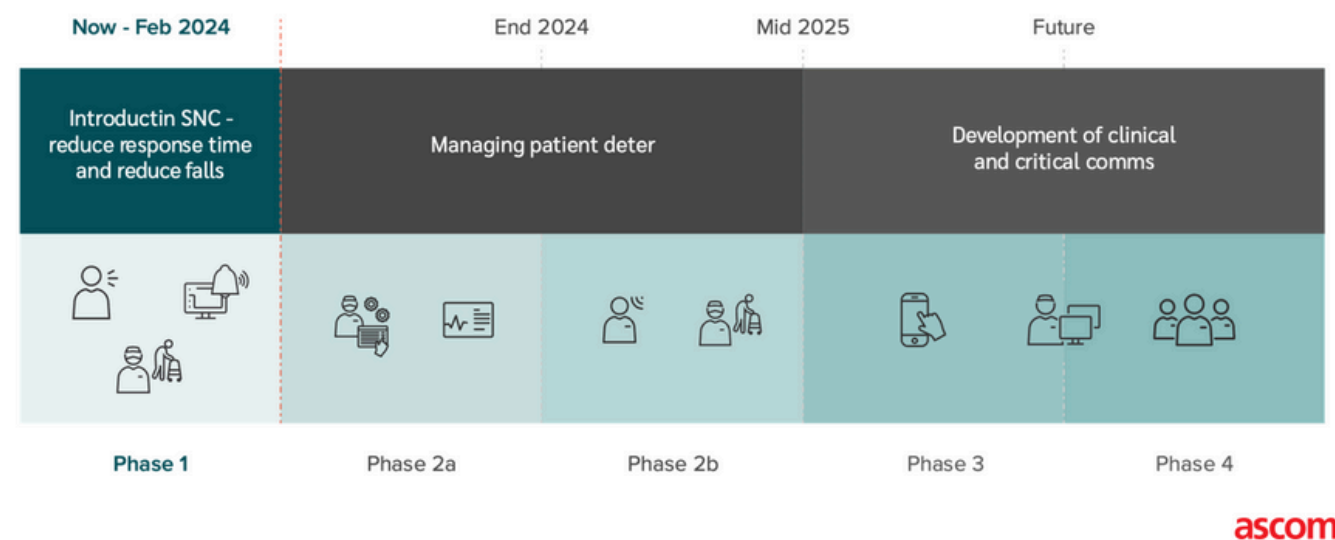
Digital Innovation - Our Digital Exemplar Ward

The focus of the programme was reducing response time and inpatient falls. The programme commenced with a Statement of Intent: If we reduce the response time to patient's calling nursing colleagues via the call system, we will reduce patient frustration and thereby reduce the likelihood of patients leaving beds unassisted, falling and causing harm.

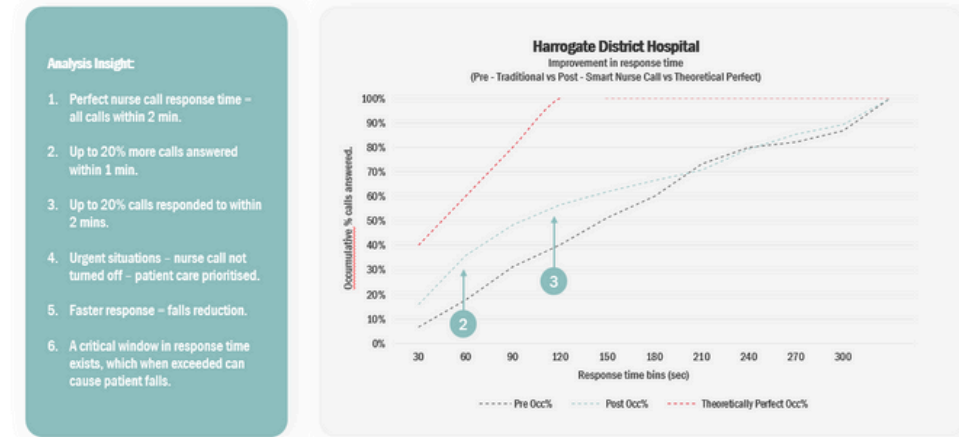
Transition to Smart Nurse Call



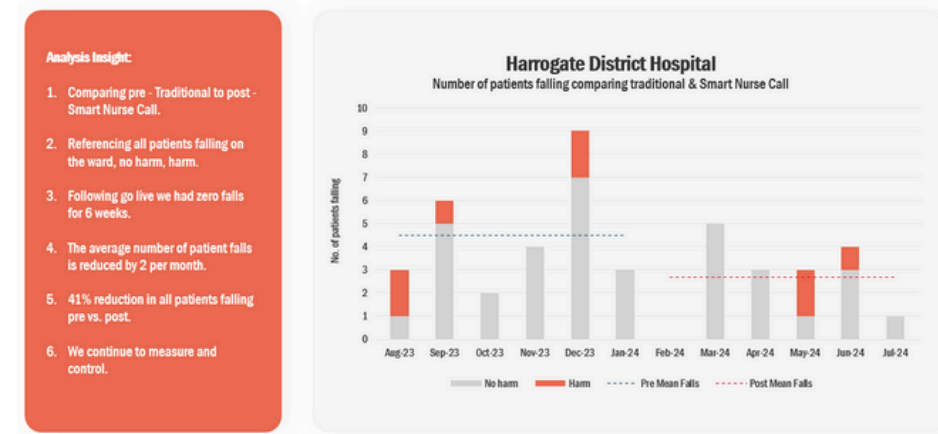
Frontline Digitisation Roadmap



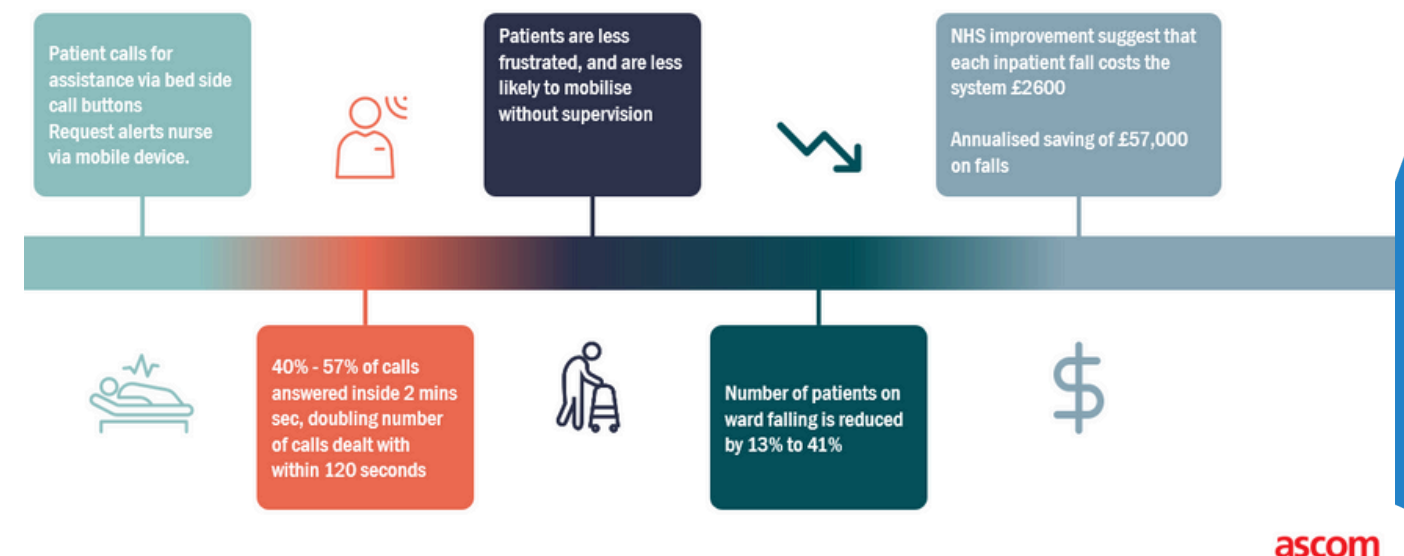
Data Driven Insights - Response Time



Data Driven Insights - Falls Prevention



Outcome logic



What Others Say about the Trust: CQC

The Care Quality Commission (CQC) regulates and inspects health and social care services in England. They check that services meet the Health and Social Care Act 2008 ('the Act') and the CQC Fundamental Standards. If they feel that an organisation provides good, safe care the CQC registers it without conditions. The CQC provides assurance to the public and commissioners about the quality of care through a continuous monitoring of a Trust's performance across a whole range of core services.

What did the CQC note in 2024-25 for HDFT?

HDFT is required to register with the Care Quality Commission and our current registration status is:

"Registered without Conditions".

The Care Quality Commission has not taken enforcement action against HDFT during 2024-25.

HDFT have not taken part in any special reviews or investigations during 2024-25.

The current overall ratings for HDFT are

GOOD.

What is IRMER?

The Care Quality Commission (CQC) enforces the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) in England. The regulations aim to make sure that it is used safely to protect patients from the risk of harm when being exposed to ionising radiation. Medical ionising radiation is used widely in hospitals, dental care, clinics and in medical research to help diagnose and treat conditions. Examples are x-rays and nuclear scans, and treatments such as radiotherapy.

Following an inspection, the CQC provide formal written feedback, which may include recommendations to improve practice or specify actions required to achieve compliance. The CQC do not award a rating and do not publish reports of findings, however, sometimes they may publish details of compliance with IR(ME)R where it is relevant to their regulatory activity under the Health and Social Care Act 2008.

What did IRMER say in 2024-25 for HDFT?

At the time of publishing the Trust had responded to the areas of improvement and had been notified that the evidence provided would close all Improvement Notices. The CQC noted during the inspection that they witnessed safe, caring and high quality services being delivered. Recommendations for improvement were based on ensuring that the Trust's practices were clearly mirrored in reporting documentation such as Policy and Procedure.

What Is JAG?

JAG stands for Joint Advisory Group on GI Endoscopy. JAG accreditation is a process of evaluating the quality of clinical service by guiding them through a quality framework. The accreditation aims to promote quality improvement by highlighting areas of good practice and areas for change. The standards used within the accreditation have been established in collaboration with the gastrointestinal communication and cover all aspects of high-quality clinical service and are broken down into four domains:-

- Clinical quality
- Patient experience
- Workforce
- Training

HDFT is fully accredited with JAG with it due to expire in February 2029.

Secondary Service Users

The Secondary Users Service is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.

What has Secondary Users Service looked like in 2024-25 for HDFT?

The Trust submitted records during 2024-25 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

Which included the patient's valid NHS number was:

- 99.9% for admitted patient care;
- 99.9% for outpatient care;
- 99.4% for emergency care.

Which included the patient's valid General Practitioner Registration Code was:

- 100.0% for admitted patient care;
- 100.0% for outpatient care;
- 100.0% for emergency care.

The data can be sourced on NHS futures (requires a log in):

Commissioning Data Sets - Data Quality Dashboards - FutureNHS Collaboration Platform

Information Governance

The legal framework governing the use of personal confidential data in a health care setting is complex and includes the NHS Act 2006, the Health and Social Care Act 2012, the Data Protection Act 2018, and the Human Rights Act. The law allows personal data to be shared between those offering care directly to patients, but it protects patients' confidentiality when data about them are used for other purposes.

What has IG looked like in 2024-25 for HDFT?

The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 Data Security Standards. Within the DSPT a number of assertions are assigned to each Security Standard.

The assessment year runs from 1st July 2023 to the 30th June 2024. The levels of assurance are:

- Standards Met,
- Standards Exceeded.

The results of this year's submission was: Standards Met

During the year Internal Audit audited 13 of the 32 assertions. The levels of assurance are:

- Unsatisfactory,
- Limited,
- Moderate,
- Substantial.

From the audited assertions, seven of the Security Standards were Substantial and three were Moderate, which gave an overall assurance level of Moderate.

In September 2024 the DSPT changed to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and IG assurance. The meant a complete rewrite of all the objectives. The aim of the CAF is to set out broad principles to drive good decision-making, rather than a "compliance checklist" of good practices.

The goals of moving to the CAF-aligned DSPT are to:

- Emphasise good decision-making over compliance, with better understanding and ownership of information risks at the local organisation level where those risks can most effectively be managed
- Support a culture of evaluation and improvement, as organisations will need to understand the effectiveness of their practices at meeting the desired outcomes – and expend effort on what works, not what ticks a compliance box
- Create opportunities for better practice, by prompting and enabling organisations to remain current with new security measures to meet new threats and risks.

Payment by Results Clinical Coding Audit

Clinical coding is the process whereby information from medical records for each patient is expressed as a code. This may include the operation, treatment provided, a diagnosis, any complications and comorbidities. These codes are processed to result in one of a number of possible health resource group codes, each of which has a specific payment tariff that the hospital then receives.

What has Clinical Coding looked like in 2024-2025 for HDFT?

The Trust commissioned an external auditor (D&A Consultancy) to conduct a Clinical Coding Audit during 2024-2025. The accuracy rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

- Primary Diagnosis = 98%
- Secondary Diagnosis = 97%
- Primary Procedure = 99%
- Secondary Procedure = 99%

Results should not be extrapolated further than the actual sample audited. Specialties audited were General Surgery and Geriatric Medicine.

The Trust will be taking the following actions to improve data quality:

- Continue to engage with clinical colleagues to ensure high-quality coded clinical data which is reliable, fit for purpose and effective for statistical analysis.
- Continue to deliver a programme of clinical coding standards and standards refresher training for all staff involved in the clinical coding process, and provide an assessment framework which supports coders to gain Accredited Clinical Coder (ACC) status by passing the National Clinical Coding Qualification (UK).

Learning from Deaths

CQC published its report “Learning, candour and accountability: A review of the way NHS trusts review and investigate the deaths of patients in England” in December 2016, making recommendations about how the approach to learning from deaths could be standardised across the NHS. The Secretary of State accepted all these recommendations and a framework was developed for the NHS on identifying, reporting, investigating and learning from deaths in care.

What has Learning from Deaths looked like in 2024-25 for HDFT?

During 2024-2025, 749 of the Trust inpatients died compared to 712 in 2023 - 2024. This comprised the following number of deaths in each quarter of that reporting period:

171 in the first quarter,
175 in the second quarter,
199 in the third quarter,
204 in the fourth quarter.

In this period, 78 case record reviews were carried out in relation to these deaths. These cases were analysed using the Structured Judgement Review (SJR) tool, as described in the National Mortality Case Record Review Programme by the Royal College of Physicians.

The number of case record reviews carried out in each quarter was:

19 in the first quarter,
19 in the second quarter,
21 in the third quarter,
19 in the fourth quarter.

8 cases out of the 78 were assessed to have received poor care. Although this has risen from only 1 case in 2023-2024, the method used to select cases for review has altered with more cases being reviewed after concerns being highlighted from other routes.

Cases chosen for SJR during this year were selected from the following groups:

- Highlighted by the Medical Examiner as possible poor care
- A complaint or concern has been raised by the bereaved
- The patient had a learning disability or autism
- The treating team identified some potential lapses in care during admission
- Most cases were selected at random to ensure assurance

Summary of learning points identified

These case reviews have highlighted that in the majority of cases, the standard of clinical care delivered is of good or excellent quality, with frequent Consultant reviews of the majority of our inpatients. Areas for improvement identified included early management of the deteriorating patient and wider use of advanced care planning.

Actions taken

The learning from these reviews has resulted in the following actions:

- Any cases where individual aspects of care could have been improved are discussed at the specialty Quality and Governance meetings,
- SJR reviewers have been recruited across the specialties, so that each team can review a proportion of their own cases for assurance
- We have implemented a module in our new Datix iCloud system to allow better tracking and visibility of SJRs, with the potential to identify trends at an earlier stage,
- Cases of wider interest are presented at the monthly Mortality Learning Group,
- The End of Life Group meets quarterly, with an increased use of data to provide assurance
- Both positive and negative learning is fed back to clinicians at regular intervals

The impact has been:

- Individual specialties have greater ownership of the SJR process
- Themes, trends and learning are more easily identified
- Identification of areas for targeted Quality Improvement (for example, we have commenced a thematic review into care of the deteriorating patient)

Reporting Against Core Indicators: NHS Digital

NHS Digital support NHS staff at work through design, developing and operating the national Information Technology (IT) and data services that support Clinicians and NHS staff at work, help patients get the best care, and use data to improve health and care.

What have the Core Indicators looked like in 2023-24 for HDFT?

Since 2012-13 HDFT has been required to report on performance against a core set of indicators using data made available by NHS Digital. The core set of indicators are prescribed in the NHS Outcomes Framework (NHS OF) developed by the Department of Health and Social Care to monitor the health outcomes of adults and children in England. The framework provides an overview of how NHS Trusts are performing and uses comparative data against the national average and other NHS organisations with the lowest and highest scores.

Set out in the tables below are the quality indicators that HDFT are required to report in their Quality Account this year. The data given in this section, unless otherwise stated, has been taken from the data made available to the Trust by NHS Digital.

Preventing people from dying prematurely and enhancing quality of life for people with long term conditions

Summary Hospital Mortality Index (SHMI)

This measure looks at deaths in hospital or within 30 days of discharge and is standardised to allow for variations in the patient mix in different hospitals. NHS England publish a value for each Trust every quarter. The national score is set at 1 000 – a Trust score significantly

	Data period		
	Feb-22 - Jan-23	Feb-23 - Jan-24	Feb-24 - Jan-25
HDFT value	1.006	1	1.05
HDFT banding	2 (as expected)	2 (as expected)	2 (as expected)
National average	1	1	1
Highest value for any acute Trust	1.208	1.249	1.34
Lowest value for any acute Trust	0.717	0.704	0.709

Note - SHMI methodology was amended in May-24 - these were minor changes to improve the accuracy of the calculated SHMI and also to re-include Covid related deaths that were excluded during the pandemic period.

These are unlikely to have a significant impact but should be noted.

Note - latest publication makes reference to "a high percentage of invalid diagnosis codes" for HDFT and a number of other Trusts.

For us, this is due to our non-elective coding backlog. "Values for these trusts should therefore be interpreted with caution."

Data source:

<https://digital.nhs.uk/data-and-information/publications/ci-hub/summary-hospital-level-mortality-indicator-shmi>

HDFT considers that this data is as described for the following reasons: Independent clinical coding audits are carried out on an annual basis by Accredited Clinical Coding Auditors to provide assurance of the accuracy of coded data, The SHMI data is reviewed and signed off by the Medical Director.

HDFT has taken the following actions to improve the quality of its service, by:

- Actively using the Healthcare Evaluation Data tool that enables the Trust to clinically review and analyse mortality data in detail on an on-going basis. This has been rolled out across the organisation,
- Implementing the learning from deaths processes within the Trust and contributing to the national database using Datix mortality review tool. This methodology has been rolled out nationally across England and Scotland. It is an accepted methodology for case note review and in line with recommendations in National Guidance on Learning from Deaths (National Quality Board March 2017). In addition to specialty specific case note reviews, focused reviews of situation specific deaths are undertaken as required,
- Individual specialty alerts are investigated as deemed appropriate, either through the mortality review process, coding anomalies or discharge processes or a combination of these. The overall Trust SHMI remains below expected levels.

Palliative care coding

The data shows the percentage of patient deaths in hospital with specialist palliative care coded at either diagnosis or specialty level. This denotes that the patient had clinical input from a specialist palliative care team during the hospital admission that ended in their death. In some mortality measures, this is taken into account in the standardisation, making the assumption that a patient who has had specialist palliative care input should not be classified as an unexpected death. A proportion of people who die in hospital will receive specialist palliative care input but the recording of this varies widely between hospitals.

	Data period		
	Feb-22 - Jan-23	Feb-23 - Jan-24	Feb-24 - Jan-25
HDFT value	42	37	31
National average	40	43	44
Highest value for any acute Trust	65	67	65
Lowest value for any acute Trust	13	16	17

HDFT considers that this data is as described for the following reasons:

- Independent Clinical Coding Audits are carried out on an annual basis by Accredited Clinical Coding Auditors to provide assurance of the accuracy of coded data,
- The data is reviewed and signed off on a quarterly basis by the Medical Director;
- This data originates from the clinical coding of specialist palliative care input by the Palliative Care Team (PCT) and is based on evidence documented in patient records,
- The PCT record all face-to-face and telephone contacts on an electronic patient system called SystmOne, whilst the Clinical Coders base their coding on information in the paper medical record. If there is telephone contact only, documentation in patients' paper medical records will be by the ward team, but may not always be recorded clearly as PCT input and therefore may be difficult for Clinical Coders to identify. Previously the Information Services team also extracted activity data from SystmOne for accurate submission of mortality data, but due to reduced capacity in the Information Services team, this did not happen for some months. This was resumed in May 2019,
- The use of the HDFT Care Plan for Last Days and Hours of Life is well established on adult wards. This supports ward staff to care for dying patients and in theory means that fewer patients require referral to the PCT.

HDFT has taken the following actions to improve this rate, and so the quality of its services, by: Continued PCT attendance at multi-disciplinary team (MDT) meetings.

Helping people to recover from episodes of ill health or following injury.

PROMs – Patient Reported Outcome Measures

PROMs calculate the health gain after elective surgical treatment using pre- and post-operative patient surveys. Four common elective surgical procedures were included in the survey: groin hernias, hip replacements, knee replacements and varicose vein operations. However the mandatory varicose vein surgery and groin-hernia surgery national PROM collections ended on 1 October 2017. A high health gain score is good. Data for PROMS has not been collected or submitted at a national level since 2020-2021.

Emergency readmissions within 30 days

This data looks at the percentage of all patients who are readmitted to hospital as an emergency within 30 days of being discharged. A low percentage score is good.

	2021/22	2022/23	2023/24	2024/25
Total number of emergency readmissions within 30 days	4218	4243	5525	4871
As a percentage of all emergency admissions	18.76%	18.34%	21.43%	21.84%
Number of emergency readmissions within 30 days (Payment by Results exclusions applied)	2861	2887	4048	3296
As a percentage of all emergency admissions	12.72%	12.48%	15.70%	14.77%

Data source – local data collection

HDFT considers that this data is as described for the following reasons:

- Data presented is locally derived non-standardised readmission rates as the standardised readmission rates are no longer published by NHS England,
- Data is recorded onto the Trust's main patient administrative system (PCS) and collected via reliable information technology (IT) systems.

HDFT has taken the following actions to improve this rate and so the quality of its services, by:

- Routinely presenting emergency readmissions information to the Trust Board each month,
- Continuing to periodically carry out a number of clinical audits to understand this further,
- Using national benchmark data to review how HDFT performs compared to local trusts and a benchmark group of similar trusts.

Treating and caring for people in a safe environment and protecting them from avoidable harm.

VTE (Venous Thromboembolism)

The National Institute for Clinical Excellence (NICE) recommends that all patients in hospital should be assessed for their risk of developing VTE (blood clots). This measure shows the percentage of eligible inpatients who were risk assessed. A high percentage score is good.

VTE risk assessment - % eligible admitted patients risk assessed for VTE

	Data period							
	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
HDFT value	94.05	94.33	94.53	95.76	95.86	96.27	95.18	94.58
National average	n/a	n/a	n/a	n/a	89.46	89.9	90.7	n/a
Highest value for any acute Trust	n/a	n/a	n/a	n/a	99.7	99.9	100.0	n/a
Lowest value for any acute Trust	n/a	n/a	n/a	n/a	14.9	14.3	13.7	n/a

The national data collection for VTE risk assessment was suspended from 2020 due to the Covid pandemic. It was reinstated for 2024/25. Therefore benchmarking data is not available for the 2023/24 period.

Q4 2024/25 benchmarking data due to be published July 2025

Note - highest and lowest trust scores and national averages exclude independent sector providers and primary care providers

Note - HDFT figure for Q4 2024/25 is provisional, subject to further data validation prior to submission to NHSE.

Data source:

[Statistics » VTE risk assessment 2024/25](#)

HDFT considers that this data is as described for the following reasons,

- There is a well-established protocol for VTE risk assessment on admission,
- Data is recorded onto the Trust's main patient administrative system (PCS) and collected via reliable information technology (IT) systems,
- Education on VTE risk assessment is part of the Trust's essential training so staff understand the importance of it.

HDFT intends to take the following actions to improve this and so the quality of its services, by:

- Continuing to identify wards with poorer performance and examining whether there are issues with completion of the risk assessment or inputting of information onto PCS.

Clostridium difficile rates

The table shows the number of Trust apportioned cases of C. difficile infection (CDI) per 100,000 bed days reported from hospital inpatients aged two years or over.

	Data period			
	2019/20	2021/22	2022/23	2023/24
HDFT value	22.84	26.74	21.21	22.85
National average	13.60	16.24	18.32	18.82
Highest value for any acute Trust	51.01	53.62	73.34	56.65
Lowest value for any acute Trust	0.00	0.00	0.00	0.00

Data source:-

<https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data>

2022/23 published 06/10/23

2023/24 published 26/09/24

2024/25 due to be published Autumn 2025

Note - above is all hospital onset cases - in line with historical data. Also available now as separate data is "hospital onset, health care associated" etc.

HDFT considers that this data is as described for the following reasons:

- We actively encourage the testing for C.difficile in all patients with loose stool unless there is a very clear clinical reason not to sample (an example of this would be not sampling a patient who has been given an enema or laxative for the management of acute constipation),
- We continue to conduct twice-weekly antimicrobial stewardship rounds in particular to detect and restrict prescribing of high risk antibiotics,
- Post infection reviews are conducted for all healthcare acquired cases of C.difficile in order to determine lapses in care and extract learning which can be used to prevent future cases.

HDFT intends to take the following actions to improve this rate, and so the quality of its services, by:

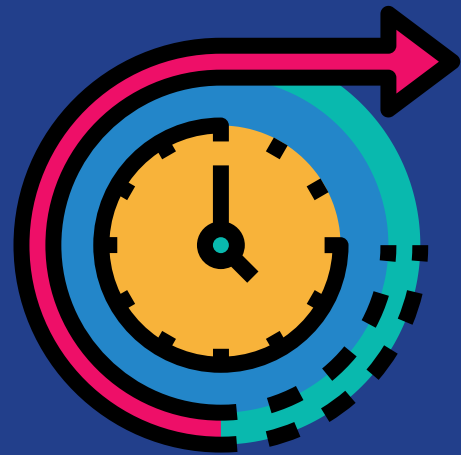
- Continuing to review the prescribing of antimicrobials. Overall, the use of antimicrobials at HDFT and in the local community is below both the regional and national average,
- Continuing to review our cleaning and decontamination strategy as the evidence for the role of the environment in the transmission of healthcare associated infection including CDI is now overwhelming,
- Continue to undertake post infection reviews and effectively communicate the lessons learnt from these investigations with all Trust Directorates.

Performance against indicators in the Single Oversight Framework

The following table demonstrates HDFT's performance against the key national standards for each quarter in 2024/25.
April 2024 – March 2025

Performance Indicator Description	Q1	Q2	Q3	Q4	YTD
RTT - total incomplete pathways	22993	23140	22434	21433	21433
RTT - Patient waiting >52 weeks	422	360	292	0	0
RTT - Patient waiting >65 weeks	0	0	0	0	0
Diagnostic waiting times - maximum wait of 6 weeks	72.8%	71.8%	64.1%	71.6%	71.6%
Trust total - Total time in A&E - % within 4 hours	71.5%	76.1%	69.0%	74.9%	72.9%
All Cancers: 14 Days Target	79.2%	76.6%	73.6%	69.5%	74.8%
All Cancers: 31 Day Target - 1st Treatment	97.7%	98.4%	98.6%	98.6%	98.3%
All Cancers: 62 Day Target	70.9%	82.1%	81.1%	80.4%	79.1%
Cancer 28 day waits (faster diagnosis standard)	74.7%	79.3%	78.7%	76.6%	77.3%
Incidence of hospital acquired C-Difficile (Cumulative)	8	18	24	34	34

- The overall RTT waiting list was at 21,400 in Mar-25, demonstrating minor in-year improvements.
- The Trust has reported zero 78+ week waits since Oct-23 and zero 65+ week waits since Mar-24. The Trust has also made significant improvements on reducing the numbers waiting 52+ weeks and reported zero 52+ week waiters for the first time in Mar-25;
- The Trust did not achieve the diagnostic waiting times standard in 2023/24 with on average, 72% of patients being seen within 6 weeks, an improvement from 68% in 2023/24. Whilst the standard is not yet being achieved, progress in reducing long waiting patients has been made across all diagnostic modalities;
- Performance against the A&E 4-hour standard was below the 76% standard for 3 out of 4 quarters but has seen a improvement during Quarter 4 2024/25;
- 2 out of 4 cancer waiting time standards were achieved for the year overall with the exceptions being the 14 day and the 62 day treatment standard;
- The Trust reported 34 cases of hospital acquired C. difficile in 2024/25, compared to 32 in 2023/24. 1 case of hospital acquired MRSA (methicillin-resistant staphylococcus aureus) was reported in 2024/25, compared to zero in 2023/24.



PART THREE

Plans for the Future and Priorities for Improvement



Plans for the Future

Our Commitment

At HDFT we are committed to ensure we focus on the areas of quality and safety that will make a real difference to the people we serve.

Whilst improvement projects can sometimes make a big impact over a short period of time, we committed to an ambitious continuous improvement programme: HDFT Impact

During 2024-25 we built on our HDFT Impact foundation using our improvement operating model to drive positive change in the areas that matter most for our patients, their carers, and our staff. Our approach remains underpinned by our values and ensures meaningful consultation and connection from our frontline teams, through organisational layers, to our board. It is this cohesion and alignment that gives us confidence that we can set and reach ambitious improvement objectives, using data to identify areas of priority and targeting our resources to optimise these opportunities.

The following pages provide an overview of our approach to continuous improvement in the organisation, as well as an overview of our focus during 2025-26.

HDFT Impact

HDFT Impact builds on 10 years of organisational experience using 'Lean' methodology to put continuous improvement at the centre of our culture and ways of working. It aligns improvement with our Strategy and embeds the systems, routines and tools, coaching and support needed for teams to make significant, sustainable improvements as part of their daily work. Our ambition is that HDFT Impact will mobilise all 5,200 colleagues to improve quality in the areas that matter most, every day. We will celebrate and encourage improvement by everyone and everywhere throughout the Trust.



Our vision for HDFT Impact is that all of our colleagues are able to say:

- I understand our Strategy and how we are performing against our goals
- I understand the contribution to the strategy that my team and I need to make using improvement techniques
- I am able to deliver my work and improve how I do it as part of my day job

We are making good progress toward this vision for HDFT Impact with 70% of colleagues responding positively that they understand their contribution to the strategy in our most recent survey (January 2025).

Through HDFT Impact we have also developed systems to deploy our Strategy more robustly throughout the organisation so that our priorities at every level are aligned to our True North Ambitions (the long-term outcomes we are seeking for our patients, children, communities and staff). Our True North Ambitions remain consistent from their launch in 2023-24. The True North Metrics provide a measure of our progress against these ambitions. We're pleased to report encouraging performance against many of our ambitions over the last year which are summarised in the table below.

Our Approach

Through HDFT Impact we will:



Our Strategic Programmes are multi-year programmes which enable transformational change in the quality of care we provide to our patients, children and communities.

Strategic Programmes

Multi-year in nature our 2024-25 Strategic Programmes will continue into the next fiscal cycle:

- HDFT Impact is our improvement management system. As such, it underpins everything we do as an organisation. During 2025-26 we have ambitious plans to increase the capability of our frontline and corporate teams to implement Impact systems and processes through comprehensive training supported at Board, Executive and Directorate levels.
- Electronic Patient Record. By providing clinicians with instant access to patient information, our new electronic patient record provided by NerveCentre will enable a step change in the quality and safety of care in our acute services. During 2025-26 we will complete the design, testing and implementation of our new system alongside thorough evaluation of the benefits realisation.
- Clinical Services Strategy. Our clinical services strategy which now includes children and young people describes how we will deliver our services in the future, focusing on: best quality, safest care with a focus on frailty; integrated care delivered as close to home as possible through "HDFT@Home"; and clinical partnerships and networks, mainly through the West Yorkshire Association of Acute Trusts for specialist clinical networks, and locally through the Harrogate and Rural Local Care Partnership. In 2025-26 work in this programme will focus on clinical standards and the development of a single point of access model.

Breakthrough Objectives

Alongside long-term strategic programmes, each year we will identify a small number of "Breakthrough Objectives" which aim to focus the improvement efforts of every team in the Trust on the areas which will have the biggest impact on our True North Ambitions. The Breakthrough Objectives will be supported by a small number of Corporate Projects: improvements that need project management and corporate support to implement new systems or processes.

Based on analysis of our data for our True North Metrics, we identified three breakthrough objectives for 2024-25:

- **Best Quality, Safest Care:** Reducing the number of pressure ulcers leading to moderate harm. Analysis of our data for patient safety events leading to moderate harm or above shows that the most prevalent type of event was pressure ulcers. Our focus on this harm saw a 37% reduction below our target which has been sustained and allows us to change our focus for 2025-26.
- **Person Centred, Integrated Care:** Time to first clinical assessment in the Emergency Department. One of the largest contributors to patients waiting over four hours for a decision to admit or to discharge (the Four-hour Emergency Department Standard) was the availability of an inpatient bed. Setting this as a breakthrough objective we achieved 20% reduction in the average time from referral to admission.
- **At Our Best – Making HDFT the best place to work:** Reducing staff vacancies. The best quality and most efficient care is provided by substantive, permanently employed staff rather than temporary bank and agency staff. So, ideally, we would like to be fully recruited with every post in our establishment filled with a member of staff who is available to work. Our data showed that the biggest contributor to staff unavailability, was due to our number of vacancies. Therefore, our breakthrough objective for 2024-25 was to support making HDFT the best place to work by reducing the number of vacancies. We made huge gains in this objective, closing the gap by 170 whole time equivalent posts to reach a 3.6% vacancy rate, a 24% improvement.

Corporate Projects

In 2024-25 we set out to use the HDFT management system to rationalise our corporate projects. We wanted to focus our effort and resources on projects that align clearly with our strategic ambitions and offer the greatest opportunity for transformational change in service delivery. This has been a challenge yet from a starting point of over 200 projects we selected 40 to take forward. Our strategic project filter is a collaborative process with the senior leadership group. This helps us to be confident that the projects selected have sufficient, leadership, project management, clinical, and operational capacity to be delivered successfully at pace. The projects outlined below represent a selection of those that were prioritised in 2024-25. Some of these projects continue, as well as new ones being commissioned to support our strategic programmes and breakthrough objectives in 2025-26.

- **Ward Configuration:** A reconfiguration of Bolton and Littondale Wards to improve availability of specialty beds and patient flow was completed December 2024.
- **Medical & Dental Rostering:** A large project to implement e-rostering for our medical and dental workforce. This project continues as it has required an unanticipated level of change management due to the complexity of alignment of job plans with service need as well as integration with payroll functions. The target for implementation is September 2025.
- **Patient Discharge:** A large project requiring significant resources across multiple workstreams requiring collaboration between clinical, operational, and corporate teams. Having commenced late in 2024, current activity is focused on developing detailed plans for workstreams which also incorporate benefits realisation.

- **Patient Experience:** This project has explored options and produced a business case with the proposal to procure software that will support the capture and analysis of qualitative feedback from our service users.
- **Patient Safety Incident Response Framework (PSIRF):** Project objective was to secure leadership and effective governance for PSIRF activities. This project has been completed and is functioning well to support learning and targeted improvement in the quality of our services.
- **EPR Benefits Realisation:** A project aligned to EPR Implementation Strategic Programme. An EPR Benefits Lead has been recruited and co-produced a high-level benefits realisation and transformation plan. Alongside the project team, detailed current and future state mapping is in progress prior to configuration and testing. This project is due to complete following the EPR implementation early in 2026.

Our 2025 - 2026 Priorities

Our ambitions set in 2024-25 remain our focus as we move into 2025-2026:



Our ambition is to provide the best quality, safest care, where quality is defined by safety, effectiveness and patient experience.

Through continuous learning and improvement we will make our processes and systems ever safer – we will never stop seeking improvement. We want excellent outcomes for our patients and the children and young people we support which improve their health, wellbeing and quality of life – we will do this by providing effective care based on best practice standards. We want every patient, child and young person to have a positive experience of our care – we will do this by listening and acting on their feedback to continuously improve.

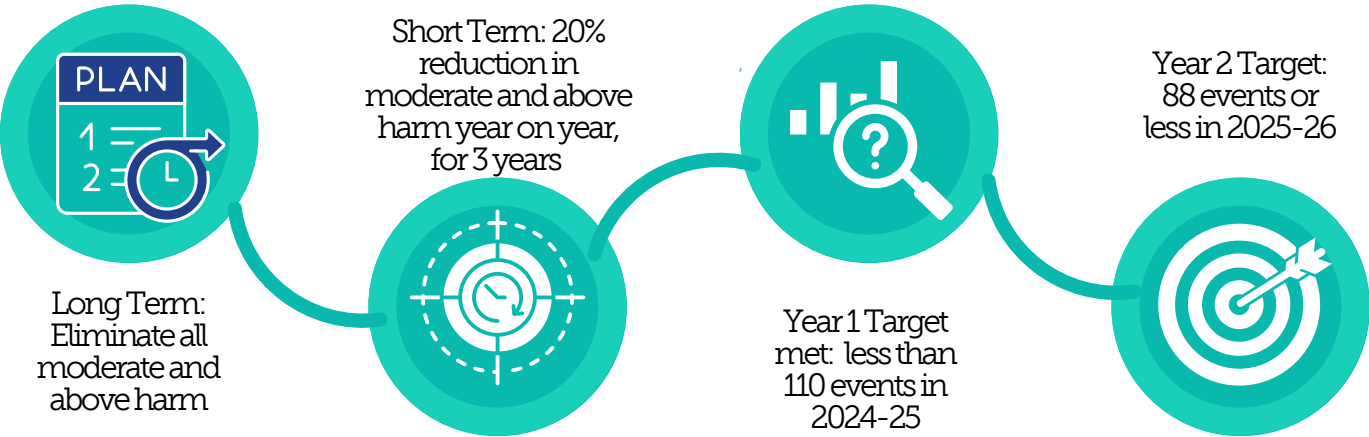
**HDFT Impact
Strategy Delivery**

Within the year we have focused on two True North Metrics. These are goals that are executive led that will take between 10 – 15 years fully achieve. Each year programmes of work are developed to ensure consistent focus and progress.



Eliminating Moderate and Above Harm

One Vision: Decrease the total number of moderate and above harm events whilst increasing reporting of low and no harm.

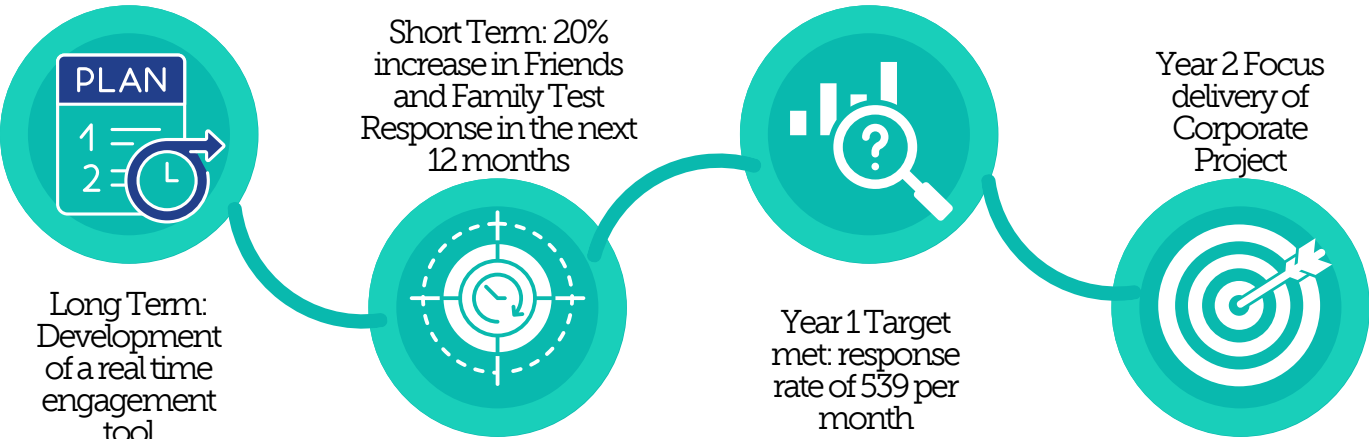


Our Tools for 2025-26



A Positive Patient Experience

One Vision: For every patient, child, carer or service user to recommend our services.



Our Focus for 2025-26 will be the delivery of our real time engagement corporate project

Our Clinical Services Strategy 2024 - 2025 and our Plans for 2025 - 2026

2024 saw the publication of HDFT's Clinical Services Strategy, following a wide programme of engagement and consultation with internal and external stakeholders to agree what HDFT's clinical services will deliver in the coming years.

The published strategy outlines HDFT's commitment to continue to deliver the full complement of District General Hospital Clinical Services (including a Type 1 Emergency Department and an Obstetric and Midwifery led maternity service), and comprehensive community services in our district and wider county, as well as continuing our nationally leading delivery of children's public health services (as outlined in our Children's Public Health Strategy).

Whilst there are no significant changes to our portfolio of acute and community services, it is clear that there are huge opportunities for the evolution of how we deliver these services to not only best support the unique needs of the population we serve, but enable the transformation of services in line with the health secretaries' 3 'Strategic Shifts': 'Hospital to Community', 'Analogue to Digital' and 'Treatment to Prevention'.

HDFT's Clinical Services Strategy, whilst pre-dating the new governments published priorities are fully aligned with this direction. Our 4 Clinical Service Strategy Priorities are:

1. Best Quality, Safest Care with a focus on Frailty
2. HDFT @ Home – Providing Care Closer to Home
3. Children and Young People – delivering Quality Obstetric and Midwifery-led maternity services and making healthcare accessible to children and young people according to the "Hopes for Healthcare" – written by our Youth Forum.
4. Working in Partnerships and Networks

Delivering on this strategic ambition for our clinical services is one of HDFT's three Strategic Programmes over the next 3-5 years.

This high profile and vitally important major programme, governed by its own Strategic Programme Board, has been designed to consist of various projects, initiatives and work streams which all aim to deliver on one of more of our Clinical Service Strategy Priorities. A number of these are already underway in 2024/25 with planning ongoing for subsequent elements over the next 3-5 years. Within all these quality improvement programmes the importance of reducing Healthcare Inequality, Enhancing the environmental sustainability of our clinical pathways and delivering improvement in our Equality Diversity and Belonging are key themes. Underpinning the delivery of the priorities will be our digital enablers (eg Electronic Patient record, automation etc), Research and innovation, and of course identifying our resulting workforce requirements.

Within each broad priority area some of the strategically-aligned Quality Improvement programmes already underway and planned for future include:

Best Quality Safest Care, focus on frailty:

- Ensuring Frailty is recognised at the first point of contact with our services, in all services
- Reducing unnecessary Frailty inpatient admissions and length of stay through development of our Acute Frailty Unit and Frailty Same Day Emergency Care Unit pathways

Next steps – completing our assessment of all HDFT's Clinical Services against published national standards and identifying areas for priority development.

HDFT will:

Provide high quality District General Hospital acute, planned and community care for our Harrogate and District local population, prioritising and ensuring a proactive approach to people living with frailty in our community



Provide a 24/7 Urgent and Emergency Care Pathway through our refurbished Emergency Department and Urgent Treatment Centres, as well as same day treatment through Same Day Emergency Care pathways for surgical and medical conditions.



Further develop our Bed to Board Governance Structures through the new Care Group Clinical Directorate Structures, ensure all services are delivered to best practice standards through thorough networking and partnerships when necessary.



Deliver timely care for all urgent and planned care services. Drive improvements in planned care waiting times by transforming the ways we deliver outpatient services and by expanding our theatre capacity.



Continually develop our services through an embedded HDFT IMPACT continuous improvement model. Enable and strengthen research, innovation and digital programmes and technologies.



Provide specialist frailty care through the Acute Frailty Unit to holistically assess and treat patients living with frailty and support same day discharge or shorter hospital stays where possible.



Identify frailty early and deliver Comprehensive Geriatric Assessment to inpatients who will benefit irrespective of their admitting speciality and throughout acute and planned care service provision.



Recognise that people living with frailty often have their needs met best in settings outside of acute hospital care and provide coordinated multidisciplinary crisis care and rehabilitation services in the most appropriate settings.



Work in partnership with patients and their relatives to deliver personalised care, supporting people to maintain active and healthy ageing through self-management where appropriate, and to engage effectively and compassionately with patients and carers to discuss end of life care when required.

HDFT @ Home – Providing Care Closer to Home

- Outpatient Transformation programme – optimising patient-initiated follow up pathways, Advice and Guidance access for Primary Care practitioners, reducing unnecessary face to face appointments
- HDFT Discharge Optimisation – a corporate project focussing on reducing unnecessary delays to patient's discharge when medically fit.
- Intermediate Care – HDFTs "Super September" event was held in September 2024. This pilot demonstrated the significantly beneficial impact of introducing expert frailty therapies teams into the Emergency department to enable some patients to avoid hospital admission and instead receive the additional care and support they needed at home.

Next Steps – Designing and implementing the "HDFT @ Home" integrated health and social care model for Acute, Intermediate and Planned care, digitally enabled and co-ordinated by a new "Single point of Contact" hub consisting of a specialist clinical and administrative support team with the skills, tools and technology required to navigate patients and their care-givers to the most optimal care location with the right people, at the right time.

HDFT will:

Transform our out of hospital pathways and services to create an overarching clinical programme, to be known as 'HDFT@Home', a new integrated way of caring for patients and families in a community setting, supported by digital developments

Deliver hospital care via day case or short stay pathways and reduce length of stay wherever possible



The last few years have seen a significant growth in the number of services and pathways for patients which are being delivered outside of a traditional hospital footprint. For some time there has been recognition of the benefits of delivering healthcare as close to home as possible, and the COVID pandemic has accelerated the necessary healthcare innovation and willingness to think and act differently when it comes to care delivery.



At HDFT we currently operate a number of acute and elective district general level services out in the community. Although many of them are partially or fully integrated with other services, either provided by us or by a health or social care partner, there is work to do to create a truly seamless joined up approach to health care delivery, putting the patient and family firmly at the centre.



As part of our new clinical services strategy, we will transform our out of hospital pathways and services to create an overarching clinical programme, to be known as 'HDFT@Home'. This will become the single point of contact for internal and external stakeholders, patient and families to ensure ease of navigation across complex acute, intermediate and integrated planned care pathways.

Children and Young People

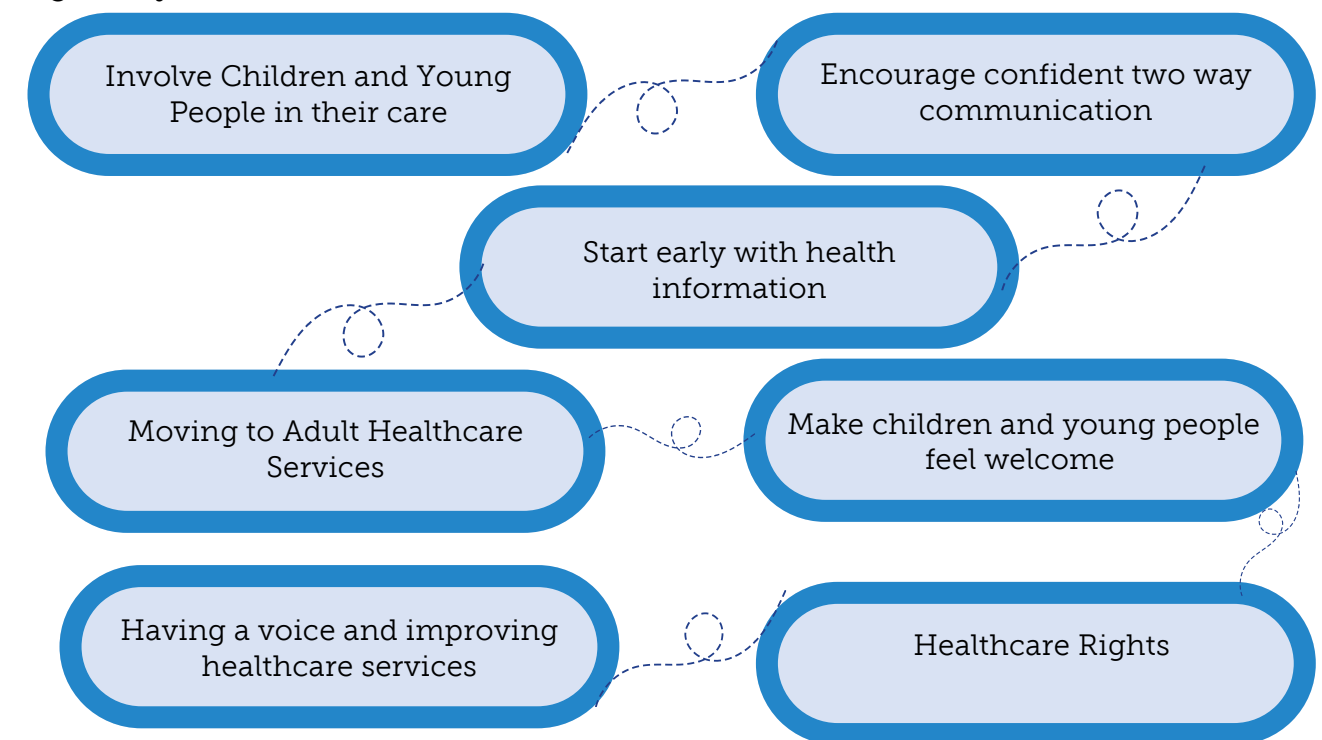
The HDFT Maternity Strategy was launched at the end of 2024. This strategy reflects the achievements, ambitions and aspirations of the maternity service. It recognises the teams drive to achieve success and constantly improve the service, whilst also acknowledging the challenges and pressures to current maternity services. In the Maternity Services Strategy the goals and expectations are explained with room for flexibility and adaptability.

HDFT Maternity Service have worked hard to embed the requirements from the Ockenden report (2022) and the NHS England Three Year Delivery Plan (2023) developing the service in the following areas -

- Listening to women and families with compassion – developing the personalised care offer, offering enhanced maternity care to women and birthing people from areas of deprivation and young parents. HDFT also received a positive response in the CQC Maternity Survey scoring in the top ten of all maternity units.
- Supporting the workforce – with a robust preceptorship offer, supportive Professional Midwifery Advocate team, and a Recruitment and Retention Midwife and Maternity Support Worker Education and Development Midwife in post.
- Developing and sustaining a culture of safety – Implemented PSIRF, Maternity Safety Champions well embedded and the Perinatal Culture Programme completed.
- Meeting and improving standards and structures - Baby Friendly Initiative Gold accreditation sustained in both maternity and neonates, Saving Babies Lives version three implemented and in the process of being embedded, Maternity Incentive Scheme requirements met and Trust Board reporting in place.

HDFT have also successfully increased the maternity vaccination offer to include RSV, developed a frenulotomy service, moved to an in house offer of tobacco dependency support and recently commenced the National Smoke Free Pregnancy Incentive. HDFT is also keen to increase the research portfolio in maternity services having recently started data collection with the Born and Bred in Harrogate research.

HDFT will make healthcare accessible to Children and Young People driven by national and local strategies for Children and Young People with a focus on our 'Hope for Healthcare', designed by our Youth Forum.



This will be achieved by:

1. Establishing a programme of work to achieve national best practice standards
2. Developing and delivering a trust wide clinical services delivery plan for children and young people's acute, community and public health services

- HDFT Impact "Children and Young People's Voice" project was established to develop a framework and process to improve how we listen to and act on feedback from children, and young people.
- We engaged with children and young people from all areas of our diverse geography to explore what is important to them, what a great service looks like and to co-create a Children and Young People's Patient Experience Tool.
- Our Youth Workers and Patient Experience Leads held ten focus groups: one for each of our local authority areas and one for our acute services.
- We engaged with over 100 children and young people with 'Lived Experience of our Services'.
- The groups have now formed local HDFT Great Start in Life Committees. Group members will be our "Great Start in Life Young Advisors" and provide consultancy to the development of our strategy.

Next Steps:

- A data set is currently in build to identify where under 18s access HDFT Services across all care provision.
- Bespoke Engagement survey drafted and ready to circulate to key stakeholders internally aligned to data set.
- Terms of Reference for CYP steering group drafted to roll out in readiness to establish working group and priority workstreams
- Bespoke Focus Groups to be scheduled with Great Start in Life Young Advisor Committees, Stakeholders, and external engagement
- Draft strategy planned to be developed early Summer with established steering group to deliver alongside

Partnerships and Networks

- Primary Care Interface. Led by HDFT's Associate Medical Director for Primary care, this ongoing programme of work is focussed on integrating care for patients at the threshold of primary and secondary care. Within the last year successful projects include redesigning inpatient discharge letters to make them simpler, clearer and more patient-friendly and setting and agreeing clear expectations for the clinical administrative responsibilities for all clinicians to facilitate better and safer patient experience at the interface.
- HARD LCP (Harrogate and Rural District Local Care Partnership). This active local partnership consisting of HDFT, 4 Local Primary Care Networks, Mental Health, North Yorkshire Council and Local voluntary sector organisations is working in collaboration to improve patient care and experience through improving communication and streamlining pathways for example utilizing digital enablers.
- Acute Provider Collaborative. HDFT continues to work closely with partners in our 2 Acute provider Collaboratives – West Yorkshire Associate of Acute Trusts (WYAAT) in West Yorkshire ICB and CAP in Humber & North Yorkshire ICB to strengthen our clinical networks for the delivery of urgent, emergency and planned hospital care.

Work is already underway in all three components of our integrated partnership working. Our clinical services strategy outlines the importance of these collaborations for our future service delivery for our patients.

This is an exciting time in our strategic journey as we are continuing, planning and embarking on new transformative programmes as we look forward to the next phase of HDFT's Clinical Service delivery.



ANNEXES

Annex 1:

- Statements from Key Stakeholders

Annex 2:

- Statement of directors responsibilities

Annex 3:

- Abbreviations and definitions
- Clinical Audit
- How to provide feedback
- Other formats



ANNEX 1: Statements from Key Stakeholders

Statement on behalf of the Council of Governors:

On behalf of the Council of Governors, I am pleased to be able to provide our response to the Annual Quality Account for Harrogate and District NHS Foundation Trust (HDFT). I welcome this comprehensive overview, which reflects the hard work and dedication of all those who contribute to the improvement in the quality of services provided by the Trust. Our response is based on the detailed reporting and well received interactive discussion which has taken place at regular meetings with Governors throughout the year.

The rollout of the continuous improvement model through HDFT Impact and the commitment to accreditation through KITE supports the organisation to be self-aware and able to identify priorities for improvement and strive for greater success in the delivery of services.

Key achievements have been realised with identified breakthrough objectives - reducing the incidence of pressure ulcers and reducing waiting times in the emergency department. Fulfilling the objective of “making HDFT the best place to work” has been significantly impacted by filling vacancies and reducing the use of agency staff.

Safety of patients and service users remains paramount in the Trust objectives and this is reflected in the further development of the Patient Safety Investigation Response Framework (PSIRF), the strengthening of the Freedom to Speak Up and the review of safeguarding policies and practice especially in view of the increasing geographical areas where 0-19 children and young peoples services are being delivered.

We are excited to see the progress being made by the Trust on the launch of the Innovation Hub and how innovation and research underpin the Clinical Services Strategy. The Electronic Patient Record system is being implemented using a comprehensive design and testing process. The unique expansion of 0-19 public health services provides opportunities to develop and showcase research and best practice.

We look forward to future plans, including the further development of the HDFT @home initiative – improving pathways and providing care closer to home. We especially welcome plans for the development of the Trust's new engagement strategy and the work that Governors can contribute to support the implementation of this and ensure the reflection of the views and needs of the Trust wide population.

The Council of Governors is proud of the Trust's achievements and the initiatives that have been taken over the last year and we hope that these will also support HDFT in being well placed to tackle the challenges of the recently published NHS future priorities.

Jackie Lincoln
Lead Governor on behalf of the Council of Governors

ANNEX 1: Statements from Key Stakeholders

Statement on behalf of Humber and North Yorkshire ICB

Statement from NHS Humber and North Yorkshire Integrated Care Board (ICB) for Harrogate and District NHS Foundation Trust Quality Account 2024/25.

NHS Humber and North Yorkshire Integrated Care Board (HNY ICB) commission healthcare services for the local population and welcome the opportunity to review the Annual Quality Account for Harrogate and District NHS Foundation Trust (HDFT) for 2024/2025. As with previously, this year's report is reflective of the Trust's values, vision, and ambitions for the future. We congratulate the Trust and its staff on the many successes detailed in the report and during this reporting period.

The Quality Account outlines the Trust's commitment and hard work to reviewing, renewing and reinvigorating high standards of care, patient safety, and clinical effectiveness. The ICB note the activity to embed the revised Board Assurance Framework, and Trust Strategy through the continuous improvement programme HDFT Impact. The ICB have recognised the significant work undertaken throughout the year, and the progress made towards achieving the quality priorities set out for 2024/25.

We commend the Trust for the KITE Accreditation programme of work, which highlights and celebrates best practice while supporting continuous development through a culture of learning and improvement. Successful completion of Phase 1 is noted.

We congratulate the Trust and welcome the strengthening of the Patient Safety Incident Response Framework (PSIRF) arrangements, which includes a focus on learning for improvement both internal and external to the Trust, inclusion of the views of family members and the role of the Professional Nursing/Midwifery Advocate Team in supporting staff. *The reporting of four Never Events, investigated under PSIRF and learning being shared is noted.* The plan to further develop and embed PSIRF is noted as a priority for 2025-26.

The achievements to meet the target of a 20% reduction in eliminating moderate and above harm, particularly the reduction in pressure ulcers and falls is noteworthy.

The future aims and development of a clear Engagement Strategy are welcomed. We note the development of a range of methods, including the HDFT Reader Group and the Real Time Engagement corporate project, to listen, gather and act on feedback to inform continuous improvement, achieve excellent outcomes and create a positive experience for the patients, children and young people that the Trust provides care for. We are pleased to see that the Trust is demonstrating the importance of the voice of people with lived experience, in informing the improvement priorities for the Trust.

The development of the Safeguarding Improvement Plan is welcomed and positive to note. The safeguarding interface with a range of processes within the Trust and the signing up to the Sexual Safety Charter reflects the Trust's commitment to protecting patients from abuse and neglect.

We note the investment during 2024-25 in the Trust's Clinical Research and Innovation Team, which is enabling growth and quality improvement that is aligned to the Trust's strategic objectives and the clinical strategy.

The ICB welcome the organisation's commitment to Freedom to Speak Up, which is demonstrated through the training of 4 additional Fairness Champions across the organisation and the ongoing commitment from the existing Champions, with 10 Champions currently within the induction process.

The ICB is supportive of the Trusts quality priorities for 2025/2026 and the work of all, in ensuring continuous improvement. As outlined in the account, the Trust remains committed to

delivering high quality care; the assessment, evaluation and understanding the impact on the quality of patient experience.

The Humber and North Yorkshire Integrated Care Board remain committed to working with the Trust and its regulators to improve the quality and safety of services available for the population of the patients served by the Trust to improve patient experience and patient outcomes.

The ICB can confirm that to its best knowledge the information provided within the HDFT 2024/25 Annual Quality Account is an accurate and fair reflection of the Trust's performance. It is clearly presented in the format required and the information it contains accurately represents the Trust's Quality profile.

Name:	Deborah Lowe
Job title:	Director of Nursing, Quality, Safety and Patient Experience
Date:	17 th June 2025

ANNEX 2: Statement of Director's Responsibilities

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Account (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Account) Regulations 2010 (as amended by the National Health Service (Quality Account) Amendment Regulations 2011).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the trust's performance over the period covered,
- The performance information reported in the Quality Account is reliable and accurate,
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice,
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review,
- The Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Chair of HDFT: Sarah Armstrong

Signature:
Date:

Chief Executive of HDFT: Jonathan Coulter

Signature:
Date:

ANNEX 3: Abbreviations and Definitions

AI	Artificial intelligence refers to the capability of computer systems to perform tasks typically requiring human intelligence, such as learning, reasoning, and decision-making.
Audit	An audit is a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements.
BI	Business Intelligence
CAS	The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.
Clinical Audit	This is a quality improvement process that looks at improving patient care and outcomes through a review of care against a set of criteria. This helps to ensure that what should be done in a Trust is being done.
Clinical Outcome	A clinical outcome is the "change in the health of an individual, group of people or population which is attributable to an intervention or series of interventions.
Clinical Research	Clinical research is a branch of medical science that determines the safety and effectiveness of medication, diagnostic products, devices and treatment regimes. These may be used for prevention, treatment, diagnosis or relieving symptoms of a disease.
COPD	Chronic obstructive pulmonary disease
Covid-19	A highly contagious respiratory disease caused by the SARS-CoV-2 virus.
CQC	Care Quality Commission Care Quality Commission (CQC) regulates and monitors the Trust's standards of quality and Safety.
CQUIN	Commissioning for Quality and Innovation A payment framework which enables commissioners to reward excellence, by linking a proportion of payments to the achievement of targets
CSW	Care/Clinical Support Worker
Dashboard	Data visualisation tool that displays the current status of metrics and key performance indicators
Data Quality	Ensuring that the data used by the organisation is accurate, timely and informative.
Datix / DCIQ	DATIX is the Trust-wide incident reporting system
ECG	Electrocardiogram Is a test that records the electrical activity of the heart, showing its rhythm and rate.

ED	Emergency Department The Emergency Department (ED) assesses and treats people with serious injuries and those in need of emergency treatment. Its open 24 hours a day, 365 days of the year.
EoL	End of life
EPR	Electronic patient record
FFT	Friends and Family Test The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.
GP	General practitioner
HaRD	Harrogate and Rural District
HDFT	Harrogate and District NHS Foundation Trust
ICB	In the NHS, an Integrated Care Board (ICB) is a statutory body responsible for planning and funding NHS services in a specific local area. They replace the previous Clinical Commissioning Groups (CCGs) and take over some of the commissioning functions previously held by NHS England. ICBs are key to the implementation of Integrated Care Systems (ICSs), which aim to provide more integrated health and social care services
Just Culture	A just culture considers wider systemic issues where things go wrong, enabling professionals and those operating the system to learn without fear of retribution.
LFPSE	The Learn from Patient Safety Events (LFPSE) service Is a national NHS system for the recording and analysis of patient safety events that occur in healthcare and has replaced the NRLS
MDT	Multidisciplinary team
MRI	Magnetic Resonance Imaging, is a medical imaging technique that uses strong magnetic fields and radio waves to create detailed images of the inside of the body
NCAPOP	National Clinical Audit and Patient Outcome Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NHSFT	NHS Foundation Trust
NHSI	NHS Improvement
Never Event	A Never Event is a type of serious incident (SI). These are defined as 'serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'

NICE	The National Institute for Health and Care Excellence The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to health and social care organisations to ensure the service provided is safe, effective and efficient.
NPSA	National Patient Safety Agency Through analysis of reports of patient safety incidents, and safety information from other sources, the National Reporting and Learning Service (NRLS) develops advice for the NHS that can help to ensure the safety of patients. Advice is issued to the NHS as and when issues arise, via the Central Alerting System in England and directly to NHS organisations in Wales. Alerts cover a wide range of topics, from vaccines to patient identification. Types of alerts include Rapid Response Reports, Patient Safety Alerts, and Safer Practice Notices.
NIHR	National Institute for Health Research The National Institute for Health Research commissions and funds research in the NHS and in social care.
NRLS	National Reporting and Learning System National Reporting and Learning Service is a central database of patient safety incident reports. Since the NRLS was set up in 2003, over four million incident reports have been submitted.
OP	Outpatient
PET	Patient Experience Team
PPE	Personal Protective Equipment is equipment that will protect the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment.
PSII	Patient Safety Incident Investigation, replaces the old Serious Incident (SI) terminology
PSIRF	Patient Safety Incident Response Framework sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.
RN	Registered Nurse
RTT	Referral to treatment
SHMI	Standardised Hospital Mortality Indicator - is a hospital-level indicator which measures whether mortality associated with hospitalisation was in line with expectations.
SI	Serious Incident An SI is an incident or accident involving a patient, a member of NHS staff (including those working in the community), or member of the public who face either the risk of, or experience actual, serious injury, major permanent harm or unexpected death in hospital, other health service premises or other premises where health care is provided. It may also include incidents where the actions of health service staff are likely to cause significant public concern.

SJR	Structured judgement review
SLA	Service Level Agreement
SSNAP	Sentinel Stroke National Audit Programme
STEIS	Strategic Executive Information System. It is a system used within the NHS in England to report and manage PSII's
Tendable	Is a digital platform that is used within HDFT to submit audit data
VTE	Venous thromboembolism
WebV	An electronic patient record (EPR) used at HDFT

Annex 4: Clinical Audit

The national clinical audits and national confidential enquiries that HDFT was eligible to participate in during 2024-25 are as follows:

1. Breast and Cosmetic Implant Registry
2. Case Mix Programme (CMP)
3. Child Health Outcome Review Programme
4. Elective Surgery (National PROMs Programme)
 - o Hip replacement
 - o Knee replacement
5. Emergency Medicine QIPs
 - o Care of Older People
 - o Mental health (self - harm)
6. Falls and Fragility Fracture Audit Programme (FFFAP)
 - o National Audit of Inpatient Falls
 - o National Hip Fracture Database
7. Learning Disabilities Mortality Review (LeDeR)
8. Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE)
 - o Perinatal confidential enquiries
 - o Perinatal mortality surveillance
 - o Maternal mortality surveillance and confidential enquiry
9. Medical and Surgical Clinical Outcome Review Programme
 - o Acute Limb Ischemia (Vascular)
10. National Adult Diabetes Audit (NDA)
 - o National Diabetes Core Audit
 - o National Pregnancy in Diabetes Audit
 - o National Diabetes Foot care Audit
 - o National Diabetes Inpatient Safety Audit
11. National Respiratory Audit Programme (NRAP)
 - o Adult asthma secondary care
 - o Children and young people asthma secondary care
 - o Pulmonary Rehabilitation (PR)
 - o Chronic Obstructive Pulmonary Disease secondary care (COPD)
12. National Audit of Cardiac Rehabilitation
13. National Audit of Care at the End of Life (NACEL)
14. National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)
15. National Cardiac Arrest Audit (NCAA)
16. National Cardiac Audit Programme (NCAP)
 - o Myocardial Ischaemia National Audit Project (MINAP)
 - o National Audit of Cardiac Rhythm Management (NACRM)
 - o National Heart Failure Audit (NHFA)
17. National Child Mortality Database (NCMD)
18. National Comparative Audit of Blood Transfusion (NCABT)
 - o 2024 Audit of NICE Quality Standard 138
 - o 2024 Bedside Transfusion Audit
19. National Early Inflammatory Arthritis Audit (NEIAA)
20. National Emergency Laparotomy Audit (NELA)
21. National Gastro-intestinal Cancer Audit Programme (GICAP)
 - o National Oesophago-Gastric Cancer Audit (NOGCA)
 - o National Bowel Cancer Audit (NBOCA)
22. National Joint Registry (NJR)
23. National Lung Cancer Audit Programme
24. National Maternity and Perinatal Audit (NMPA)
25. National Neonatal Audit Programme (NNAP)
26. National Ophthalmology Database Audit
27. National Paediatric Diabetes Audit (NPDA)
28. National Perinatal Mortality Review Tool
29. National Prostate Cancer Audit (NPCA)
30. Perioperative Quality Improvement Programme
31. UK Renal Registry Chronic Kidney Disease Audit
32. UK Renal Registry National Acute Kidney Injury Audit
33. Sentinel Stroke National Audit Programme (SSNAP)
34. Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme
35. Society for Acute Medicine Benchmarking Audit
36. Trauma Audit & Research Network

The national clinical audits and national confidential enquiries that HDFT participated in and for which data collection was completed during 2024-25 are as follows:

1. Breast and Cosmetic Implant Registry
2. Case Mix Programme (CMP)
3. Child Health Outcome Review Programme
4. Elective Surgery (National PROMs Programme)
5. Falls and Fragility Fracture Audit Programme (FFFAP)
6. Learning Disabilities Mortality Review (LeDeR)
7. Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE)
8. Medical and Surgical Clinical Outcome Review Programme
9. National Adult Diabetes Audit (NDA)
10. National Respiratory Audit Programme (NRAP)
11. National Audit of Cardiac Rehabilitation
12. National Audit of Care at End of Life (NACEL)
13. National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)
14. National Cardiac Arrest Audit (NCAA)
15. National Cardiac Audit Programme (NCAP)
16. National Child Mortality Database (NCMD)
17. National Comparative Audit of Blood Transfusion (NCABT)
18. National Early Inflammatory Arthritis Audit (NEIAA)
19. National Emergency Laparotomy Audit (NELA)
20. National Gastro-intestinal Cancer Audit Programme (GICAP)
21. National Joint Registry (NJR)
22. National Lung Cancer Audit Programme
23. National Maternity and Perinatal Audit (NMPA)
24. National Neonatal Audit Programme (NNAP)
25. National Ophthalmology Database Audit
26. National Paediatric Diabetes Audit (NPDA)
27. National Perinatal Mortality Review Tool
28. National Prostate Cancer Audit (NPCA)
29. UK Renal Registry National Acute Kidney Injury Audit
30. Sentinel Stroke National Audit Programme (SSNAP)
31. Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme
32. Society for Acute Medicine Benchmarking Audit
33. Trauma Audit & Research Network

The eligible National Audits that HDFT did not participate in were:

- Perioperative Quality Improvement Programme
- UK Renal Registry Chronic Kidney Disease Audit
- Emergency Medicine QIPs

The national clinical audits and national confidential enquiries that HDFT participated in, and for which data collection was completed during 2024-25 are listed at Appendix 1, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

	Name of Audit/Clinical Outcome Review Programme	NCAPOP Audit	Number of patients for which data submitted 2024/25	Data submitted as a percentage (%) of the number of registered cases required for that audit
1	Breast and Cosmetic Implant Registry	No	*	*
2	Case Mix Programme (CMP)	No	448	100%
3	Child Health Clinical Outcome Review Programme – Emergency Non-Elective Paeds	Yes	20	100%
4	Elective Surgery (National PROMs Programme)	No		
4a	Hip replacement		*	*
4b	Knee replacement		*	*
5	Falls and Fragility Fracture Audit Programme (FFFAP)	Yes		
5a	National Audit of Inpatient Falls		9	100%
5b	National Hip Fracture Database		342/303 (TBC)	89%
6	Learning Disabilities Mortality Review (LeDeR)	No	11	100%
7	Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE)	Yes		
7a	Perinatal confidential enquiries		6 (TBC)	100%
7b	Perinatal mortality surveillance		6	100%

7c	Maternal mortality surveillance and confidential enquiry		No cases recorded	N/A
8	Medical and Surgical Clinical Outcome Review Programme – Acute Limb Ischemia (Vascular)	Yes	Exempt - No requirement to participate in clinical aspect	N/A
9	National Adult Diabetes Audit (NDA)	Yes		
9a	National Diabetes Core Audit		1,731	86%
9b	National Pregnancy in Diabetes Audit		8	100%
9c	National Diabetes Foot care Audit		479	100%
9d	National Inpatient Diabetes Audit including National Diabetes In-patient Audit – Harms		2	100%
10	National Respiratory Audit Programme (NRAP)	Yes		
10a	Adult asthma secondary care		79	100%
10b	Paediatric - Children and young people asthma secondary care		*	*
10c	Pulmonary Rehabilitation (NRAP)		121	100%
10d	Chronic Obstructive Pulmonary Disease (COPD)		120	100%
11	National Audit of Cardiac Rehabilitation	No	*	*
12	National Audit of Care at The End of Life (NACEL)	Yes	80	100%
13	National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Yes	8	100%

14	National Cardiac Arrest Audit (NCAA)	No	64	100%
15	National Cardiac Audit Programme (NCAP)	Yes		
15a	Myocardial Ischaemia National Audit Project (MINAP)		299	100%
15b	National Audit of Cardiac Rhythm Management (NACRM)		237	100%
15c	National Heart Failure Audit (NHFA)		239	99%
16	National Child Mortality Database (NCMD)	Yes	Participated	*
17	National Comparative Audit of Blood Transfusion (NCABT)	No		
17a	Audit of NICE Quality Standard 138		*	*
17b	Bedside Transfusion Audit		*	*
18	National Early Inflammatory Arthritis Audit (NEIAA)	Yes	32	100%
19	National Emergency Laparotomy Audit (NELA)	Yes	70	N/A
20	National Gastro-intestinal Cancer Audit Programme (GICAP)	Yes		
20a	National Oesophago-Gastric Cancer Audit (NOGCA)		*	*
20b	National Bowel Cancer Audit (NBOCA)		*	*
21	National Joint Registry (NJR)	No	1,218	100%
22	National Lung Cancer Audit Programme	Yes	*	*
23	National Maternity and Perinatal Audit (NMPA)	Yes	1,693	100%

24	National Neonatal Audit Programme (NNAP)	Yes	*	*
25	National Ophthalmology Database Audit	No	929	100%
26	National Paediatric Diabetes Audit (NPDA)	Yes	80	100%
27	National Perinatal Mortality Review Tool	Yes	2	100%
28	National Prostate Cancer Audit (NPCA)	Yes	*	*
29	UK Renal Registry National Acute Kidney Injury Audit	No	*	100%
30	Sentinel Stroke National Audit Programme (SSNAP)	Yes	285 (TBC)	90%
31	Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	No	Participated	N/A
32	Society for Acute Medicine Benchmarking Audit	No	35	100%
33	Trauma Audit & Research Network	No	181	100%

Please note: data for all continuous projects continues to be reviewed and validated therefore final figures may change.

*Data not available at time of publishing.

For information, the Trust also participated in the following National audits and registries which were not listed on the 2024-25 Quality Account List:

Name of Audit	NCAPOP Audit	Number of patients for which data submitted 2024-25	Data submitted as a percentage of the number of registered cases required for that audit
UK National Hand Registry	No	Participated	Unable to quantify

The following 7 NCAPOP audits were not relevant to HDFT due to the Trust not providing the service:

Mental Health Clinical Outcome Review Programme,
National Audit of Cardiovascular Disease Prevention in Primary care,
National Clinical Audit of Psychosis,
National Obesity Audit,
Neurosurgical National Audit Programme,
National Vascular Registry,
Paediatric Intensive Care Audit Network (PICANet).

The following individual NCAPOP audits within relevant work streams were not relevant to HDFT due to the Trust not providing the service

Falls & Fragility Fractures Audit Programme (FFFAP): Fracture Liaison Service Database
Medical and Surgical Clinical Outcome Review Programme (NCEPOD): Acute Limb Ischemia (Vascular)
NCAP - National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)
NCAP - National Adult Cardiac Surgery Audit
NCAP - National Congenital Heart Disease Audit (NCHDA)

The following 7 non-NCAPOP audits were not relevant to HDFT due to the Trust not providing the service:

Cleft Registry and Audit Network (CRANE)
National Audit of Pulmonary Hypertension (NAPH)
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry
Prescribing Observatory for Mental Health
UK Cystic Fibrosis Registry
Urology Audits
National Bariatric Surgery Registry

Annex 5: How to Provide Feedback and Other Formats

If you require this document in an alternative language or format (such as Braille, audiotape or large print), please contact our Patient Experience Team: hdft.patientexperience@nhs.net or 01423 555499.

Electronic copies of the Quality Account can be obtained from our website (www.hdft.nhs.uk). If you have any feedback or suggestions on how we could improve our Quality Account, please do let us know by emailing hdft.hello@nhs.net.

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